



RISCO Insurance Brokerage, Inc.
 60 Catamore Boulevard
 East Providence, RI 02914
 Phone: (800) 533-3649 Fax: (401) 438-0980
 www.risco-inc.com

Restaurant Program Supplemental Application

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

| | |
|--|---------------------------------|
| 1. Name of Applicant: _____ | Requested Effective Date: _____ |
| DBA: _____ <i>(If applicable, include DBA or Trade Name)</i> | |
| 2. Website Address: _____ | |
| 3. How many years in operation at this location? _____ | |
| 4. Provide the name(s) of Business Owner(s): _____ | |
| 5. How many years has the Owner worked in the Restaurant business? _____ A. If less than 3 years, please describe prior work experience: _____ | |
| 6. How many years has the Manager worked in the Restaurant business? _____ A. If less than 3 years, please describe prior work experience: _____ | |
| 7. Have you operated under any other name within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer A-B. | |
| A. Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| B. If still active, provide the name and describe the operations: _____ | |
| 8. Are you now or have you been involved in any bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No A. If yes, please explain: _____ | |
| 9. Within the last 5 years, have you or has anyone with a financial interest in the business and/or property been convicted of arson, fraud or any crime related to the loss of property? <input type="checkbox"/> Yes <input type="checkbox"/> No A. If yes, please explain: _____ | |

SECTION II – OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

| | |
|--|--|
| 1. Total number of Employees: _____ Full-time Employees: _____ Part-time Employees: _____ | |
| 2. Type of business (check all that apply): | |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Brew Pub | <input type="checkbox"/> Banquet Hall |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Buffet |
| <input type="checkbox"/> Donut Shop/Coffee Shop | <input type="checkbox"/> College Campus Bar/Restaurant |
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Ethnic Take-Out |
| <input type="checkbox"/> Fast/Casual Dining | <input type="checkbox"/> Family Style Restaurant |
| <input type="checkbox"/> Fine Dining Restaurant | <input type="checkbox"/> Franchise Restaurant |
| <input type="checkbox"/> Gentlemen's Club | <input type="checkbox"/> Night Club/Dance Club |
| <input type="checkbox"/> Neighborhood Tavern | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Supper Club | <input type="checkbox"/> Wine Bar |
| <input type="checkbox"/> Other (please describe): _____ | |
| 3. What is your current Health Department Rating? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D or below <input type="checkbox"/> N/A | |
| 4. Have you had any health or safety code violations within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No A. If yes, please explain: _____ | |
| 5. Restaurant hours of operation: _____ To _____ Bar hours of operation: _____ To _____ A. Is food always available during Bar hours of operation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

6. The Restaurant is open: Year Round Seasonally
A. If this is a seasonal operation, please explain your winterization procedures: _____

7. Your establishment has: Table Service Seating but no Table Service No Seating

8. Restaurant's indoor seating capacity: _____ Restaurant's outdoor seating capacity: _____

9. Do you have a dedicated Bar area? Yes No
A. If yes, what is the Bar area's seating capacity? _____

10. On average, how many Customers are served daily? _____

11. What is the average entrée price? \$ _____ To \$ _____

12. Do you sell any food under your own label? Yes No
A. If yes, please describe: _____

13. Do your operations include:
A. On-premises catering? Yes No
B. Off-premises catering? Yes No
C. Drive-up or carhop services? Yes No

14. Do you sponsor or participate in any special events or trips (e.g. sporting events, street fairs)? Yes No
A. If yes, please describe: _____

15. Provide your total annual Gross Sales for the last 2 years for each applicable category:

| Year | Food | Liquor | Catering | Other* | Total |
|------|------|--------|----------|--------|-------|
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |

***Describe Other:** _____

SECTION III – PREMISES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Your Restaurant is located in: A stand-alone building Retail space A mall Other (**describe**): _____

2. Is your Restaurant located on or within a half mile of a College or University? Yes No

3. Describe the surrounding area: Resort Rural Downtown District Industrial Residential/Commercial
 Suburban/Commercial Other (**describe**): _____

4. Smoke detectors are: Hardwired Battery Operated
A. If battery operated, how often are they checked? _____

5. Is there emergency lighting throughout the building? Yes No
A. If yes, how often is the lighting checked? _____

6. Is there a current sprinkler system service contract in place? Yes No
A. If yes, how often is the sprinkler system serviced? _____

7. Do lease any part of your building to others? Yes No
If yes, please answer A-E.
A. Describe your Tenants: _____
B. How many square feet are leased to others? _____
C. Number of mercantile units: _____ **Number of apartments:** _____
D. Do you obtain a Certificate of Insurance from each Tenant evidencing General Liability Limits equal to, or greater than you own General Liability Limits? Yes No
E. Do you require each Tenant to add you onto their General Liability Policy as an Additional Insured? Yes No

8. Are there any operations other than yours taking place on the premises? Yes No
A. If yes, please describe: _____

9. Do you have off -premises parking? Yes No
If yes, please answer A-B.

| | |
|--|--|
| A. What is the square footage of the parking lot? _____ | |
| B. What is the location address of the parking lot? _____ | |
| 10. Do you have boat docking facilities for your Customers? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A. If yes, how many dock slips? _____ | |
| 11. Are Certificates of Insurance obtained from all outside Vendors and service providers? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION IV – COMMERCIAL COOKING

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

| | |
|---|--|
| 1. Please indicate how many Deep Fat Fryers, Broilers, Grills and Ovens you have: Deep Fat Fryers _____ Broilers _____ Grills _____ Ovens _____ | |
| 2. Is there any table cooking, table-side cooking or table- side food preparation? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do all kitchens have UL approved automatic extinguishing systems under a maintenance contract? _____ If yes, please answer A-D. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A. How often are they serviced? _____ | |
| B. Date last serviced: _____ | |
| C. Does the system cover all cooking surfaces and fryers? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. What type of system? <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Wet Chemical <input type="checkbox"/> Mist <input type="checkbox"/> Other (describe): _____ | |
| 4. Is there an automatic gas or electric shutoff installed for the cooking appliances? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are deep fryers equipped with an automatic thermostat shutoff if temperature exceeds 475 degrees? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are there hoods and ducts over all cooking surfaces? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. How often are the hoods and filters cleaned by the staff? _____ | |
| 8. Do you have a grease cleaning maintenance contract in place for the hoods and ducts? _____ A. If yes, how often are they serviced? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Is there adequate clearance between hoods, ducts and cooking equipment and any combustible materials? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are BC or K fire extinguishers available in the kitchen? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have all fire extinguishers been inspected or purchased within the last 12 months? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION V – LIQUOR LIABILITY

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

| | |
|---|--|
| 1. Is alcohol served? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is your establishment a BYOB (Bring Your Own bottle)? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are packaged goods sold? _____ A. If yes, these operations represent what percentage of your total annual Gross Liquor Sales? _____ % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have a liquor license? _____ A. If yes, provide the type of license <u>and</u> license number: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has your liquor license been refused, revoked or suspended within the last 10 years? _____ A. If yes, please explain: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have there been any liquor board violations including liquor related fines or citations? _____ A. If yes, please list: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Is last call given? _____ A. If yes, at what time? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are shots served? _____ A. If yes, are there any shot specials? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Is there a happy hour with reduced prices for drinks? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Do you offer any other special promotion nights (e.g. Ladies Nights, 2 for 1, etc.)? _____ A. If yes, please explain: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Type of Clientele: <input type="checkbox"/> Tourists <input type="checkbox"/> Local Residents <input type="checkbox"/> Area Workers <input type="checkbox"/> College Students | |

| | | | | |
|---|--|--------------------------------|--------------------------------|----------------------------------|
| 12. Average age of Clientele: | <input type="checkbox"/> Under 30 | <input type="checkbox"/> 30-40 | <input type="checkbox"/> 41-50 | <input type="checkbox"/> Over 50 |
| 13. Are all Bartenders and table service staff provided with TIPS or equivalent alcohol awareness training? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please answer A-C. | | | | |
| A. What type of training is provided? | <input type="checkbox"/> Classroom <input type="checkbox"/> Internet <input type="checkbox"/> Other (describe): _____ | | | |
| B. When do new staff members complete training? | <input type="checkbox"/> Within their first 3 months of employment | | | |
| | <input type="checkbox"/> Within their first 6 months of employment <input type="checkbox"/> Other (describe): _____ | | | |
| C. How often is retraining of staff required? | _____ | | | |
| 14. Are IDs checked to verify the age of all Customers buying or consuming alcohol on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 15. Is management notified before refusing Customers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 16. Do you offer transportation services to intoxicated Customers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| A. If yes, please explain: | _____ | | | |

SECTION VI – ENTERTAINMENT

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

| | | | | |
|---|---|--|--|--|
| 1. Is any entertainment provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please answer A-C. | | | | |
| A. Which night(s)? | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday | | | |
| B. What type of entertainment? | <input type="checkbox"/> DJ <input type="checkbox"/> Karaoke/Open Mike <input type="checkbox"/> Light Combos <input type="checkbox"/> Live Bands <input type="checkbox"/> Acoustic | | | |
| C. Are there any other forms of entertainment provided (e.g., Shows, Plays, Comedy Stand-Up, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| i. If yes, please describe: | _____ | | | |
| 2. Is there an admission/cover charge? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| A. If yes, what is the average amount charged? | \$ _____ | | | |
| 3. Is there a dance floor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| A. If yes, what is the total square footage of the dance floor? | _____ | | | |
| 4. Are there pyrotechnic or foam machines on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 5. Are there pool tables, video games, dart boards and/or any other amusements on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| A. If yes, indicate how many of each: | Pool Tables _____ Video Games _____ Dart Boards _____ | | | |
| Other Amusements _____ | Please Describe Other Amusements: _____ | | | |

SECTION VII – SECURITY

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

| | | | | |
|--|--|--|--|--|
| 1. Do you employ Bouncers (i.e. other than ID Checkers)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2. Are Security Guards used? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| A. If yes, they are: | <input type="checkbox"/> Employees <input type="checkbox"/> Contracted | | | |
| 3. Are there any firearms or guard dogs kept on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 4. Are surveillance cameras installed on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please answer A-C. | | | | |
| A. Total number of cameras located: | Inside _____ Outside _____ | | | |
| B. How long are the tapes kept? | _____ | | | |
| A. Do the cameras have night vision? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 5. Have the authorities (e.g. police, ambulance) been called to your premises within the last 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please answer A-B. | | | | |
| A. How many times? | _____ | | | |
| B. Please provide details: | _____ | | | |

SECTION VIII - AUTO

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

| | |
|--|---|
| 1. Do you need Hired and Non-Owned Auto Coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have any owned autos which are currently insured under a Commercial Auto Policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do your Employees or any other persons regularly use their own vehicles for your business? A. If yes, please explain: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you provide delivery services? A. If yes, please explain: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you provide valet parking? If yes, please answer A-D. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A. Valet parking is provided by: <input type="checkbox"/> Employees <input type="checkbox"/> Contractors | |
| B. If provided by Employees, do you check the Motor Vehicle Records of these Employees? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. If contracted, do you require Certificates of Insurance listing you as an Additional Insured? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Do you have separate Garagekeepers Legal Liability Coverage in place for these operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicant and Producer Signatures

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR RESTAURANT/TAVERN OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

| | |
|---------------------------------|-------|
| Applicant's Name (Please Print) | Title |
| Applicant's Signature | Date |
| Submitting Producer | Date |

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE