



Restaurant Supplement

- 1) Hours of operation _____
- 2) Are there procedures in place to handle unruly customers? _____
If so, please describe _____
Is this a written policy? _____
- 3) Describe the type of food served _____
Is the majority of food deep fried? _____ What % of food is deep fried? _____
- 4) Does the insured have cutting machinery? _____ If so, is it properly guarded to prevent cuts to the operator? _____
- 5) Does the insured have an employee training program, specifically covering equipment use and the safe use of cleaning products? _____
- 6) Any alcohol? _____
If so, is there a stand alone bar? _____
What is the % of alcohol sales _____
- 7) Any delivery? If so, what % and radius? _____
- 8) Any catering? If so, what % and radius? _____
- 9) Are there mats on the floors to prevent slip and fall injuries? _____
- 10) Describe any entertainment provided:
Live Music Yes No
Dancing Yes No
Exotic Dancers Yes No
Other entertainers Yes No If yes, please describe _____

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: _____
Print Name / Title

Signature: _____ Date: _____