

Zurich Small Business - Restaurant Supplemental Information

General Information

1) Named Insured:	
2) Quote Number	Effective Date:
3) Other Named Insureds:	Relationship:
4) Website Address:	
5) Are there other Commercial Policies insured or pending with Zurich Small Business? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate</i> <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Monoline Commercial Auto	
6) Is this an established business with previous Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7) DUNS Number:	DUNS Unknown: <input type="checkbox"/>
8) Number of Locations? <input type="text"/> <i>If more than one (1) please complete sections XX for each location</i>	
9) Are there any locations or business interests which are owned by the applicant but not shown on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Location Information

Location Number

10) Type of Restaurant: <input type="checkbox"/> Fast Food <input type="checkbox"/> Casual Dining <input type="checkbox"/> Fine Dining <input type="checkbox"/> Restaurants – No Cooking/No Frying and Limited Seating <input type="checkbox"/> Restaurants – WITH Cooking and Limited Seating <input type="checkbox"/> Other than shown	
11) Is the restaurant a franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No	12) What is the primary type of cuisine?
13) Does the restaurant regularly provide meal/food delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14) What is the year the business was established or acquired at this location? <input type="text"/>	
15) How many years management/ownership experience does applicant have in this industry? <input type="text"/>	
16) Total annual gross receipts at this location \$ <input type="text"/>	17) Catering receipts at this location: \$ <input type="text"/>
18) What are the total annual receipts generated from serving alcohol at this location? \$ <input type="text"/>	
19) Indicate the location type: <input type="checkbox"/> Stand-alone building <input type="checkbox"/> Located in a strip shopping center <input type="checkbox"/> Attached or within buildings with residential apartments or condos <input type="checkbox"/> Attached to or within office buildings <input type="checkbox"/> Attached to or within a mixed occupancy bldg without residential exposures <input type="checkbox"/> Attached to or within a hotel/motel <input type="checkbox"/> Located in an enclosed mall <input type="checkbox"/> Other than described above	
20) Hours of operation at this location: Open: <input type="text"/>	Close: <input type="text"/>
21) Total square footage occupied by the applicant: <input type="text"/>	
22) Total square footage of the public area: <input type="text"/> <i>NOTE: Public Area is defined as the total square footage of all areas where the public is permitted to go, such as dining areas & lounges, hallways, stairs, rest rooms, waiting areas & dance floors. Public area does not include kitchens, storage, behind the counter or bar & outside driveways for drive thru service. Please contact your underwriter if you have questions regarding public area.</i>	

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23) Seating Capacity: *Note: Seating capacity is the number of seats available for restaurant patrons.*

24) Indicate the type of entertainment provided at this location: NONE Live Band or DJ Mechanical Rides
 Dartboards Number of video games Number of Televisions Number of Pool or Gaming Tables
 Other than listed _____

25) Is there a video surveillance system at this location? Yes No

26) Is the restaurant responsible for the parking lot? Yes No

27) Is there a drive-through at this location? Yes No

28) Are there any playgrounds at this location? Yes No

29) What percentage of the building does the restaurant occupy?

30) If less than 100%, what percentage is occupied by the following types of operations: % Habitation/Apartment
% Auto Service/Repair % Bars/Pubs/Taverns % Grocery Store % Offices
% Other Restaurants % Retail stores % Other than above

31) What percentage of the building is vacant or unoccupied? %

Cooking Operations *Complete if applicable*

32) Indicate the type of fully operational automatic fire extinguishing system covering all hoods, ducts and cooking equipment: (circle one)
 Dry Chemical UL 300 Wet Chemical Water Spray Other None

33) How often is the automatic fire extinguishing system inspected and serviced by a contracted outside firm? (Circle one)
 Monthly Quarterly Semi-Annual Annual Never

34) How often are flues and ducts inspected and cleaned by a contracted outside firm? (Circle one)
 Monthly Quarterly Semi-Annual Annual Never

35) How often is cooking equipment exhaust filters cleaned? (Circle one)
 Daily Weekly Monthly Quarterly Semi-Annual Annual Never

36) Is any table-side service provided which involved open flames? Yes No

37) Are there any deep fat fryers on the premises? Yes No
 a. If yes, do the fryers have thermostats, fuel cut-offs and proper ventilation? Yes No

Liquor Liability *Complete if applicable*

38) Liquor License? Yes No If yes, license number: _____

39) Is there a separate bar area? Yes No
 a) Does the bar area close later than the dining area? Yes No

40) Are drink promotions, such as happy hours, 2-For-1 specials or ladies night offered? Yes No

41) Does the restaurant allow patrons to bring their own (BYO)? Yes No

42) Have there been any prior liquor citations? Yes No

43) Has there been prior liquor liability coverage? Yes No

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44) Are all employees that serve alcohol given formal alcohol service training, such as TIPS? Yes No

45) Does the restaurant have a written policy covering alcohol service guidelines? Yes No

46) Are alcohol related incidents documented? Yes No

Automobile Related Operations/Valet Parking *Complete if applicable*

47) Does the restaurant provide valet parking at this location? Yes No

48) Do all valet parking attendants have a valid U.S. driver's license and are they all over the age of 21? Yes No

49) Do any of the valet parking attendants have any major driving violations? Yes No

50) Have there been any valet parking losses? Yes No

51) Are keys regularly left in the vehicles after they are parked? Yes No

52) Are car wash, oil changes or other related services other than valet parking provided? Yes No

Explanations/Additional Comments:

Note: Please complete this information for all locations