



**Restaurant/Tavern  
Supplemental Application**

Named Insured \_\_\_\_\_

Location Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Web Address \_\_\_\_\_

Effective Date \_\_\_\_\_ Target Premium \_\_\_\_\_

Has Current Policy Been Cancelled or Non-Renewed? \_\_\_\_\_ If Yes, Please Describe \_\_\_\_\_

Inspection Contact Name \_\_\_\_\_ Inspection Contact Phone Number \_\_\_\_\_

**Business Information**

Is Applicant a: Corporation \_\_\_ Partnership \_\_\_ Individual \_\_\_ Other \_\_\_\_\_

Is Applicant a: Restaurant \_\_\_ Diner \_\_\_ Tavern \_\_\_ Night Club \_\_\_ Banquet Hall \_\_\_ Social Club \_\_\_

Other \_\_\_\_\_

Applicant is located in: City \_\_\_ Small Town \_\_\_ Rural Area \_\_\_ Other \_\_\_\_\_

Number of Years at this Location \_\_\_\_\_ Number of years in Restaurant/Tavern Business \_\_\_\_\_

Federal EIN# \_\_\_\_\_ Liquor License # \_\_\_\_\_ Legal Bldg. Occupancy \_\_\_\_\_

Franchise Yes \_\_\_ No \_\_\_ Chain Yes \_\_\_ No \_\_\_

**Operation Section**

Is Applicant Open Now Yes \_\_\_ No \_\_\_

Hours of Operation From \_\_\_\_\_ to \_\_\_\_\_ # of days per week \_\_\_\_\_

Is Applicant a Seasonal Operation? Yes \_\_\_ No \_\_\_ If Yes, Explain \_\_\_\_\_

Distance to Ocean or Nearest Body of Water \_\_\_\_\_

**Financial Information**

Is Owner or Corporation now or ever involved in: Bankruptcies Yes \_\_\_ No \_\_\_ Foreclosures Yes \_\_\_ No \_\_\_

Tax Liens Yes \_\_\_ No \_\_\_ Business Failures Yes \_\_\_ No \_\_\_ Any Litigations Yes \_\_\_ No \_\_\_

**Building Information**

Age of Building \_\_\_\_\_ Construction \_\_\_\_\_ Protection Class \_\_\_\_\_ # of Stories \_\_\_\_\_

Britt/Paulk Insurance Agency, Inc.  
100 Glen Eagles Court Carrollton, GA 30117  
800.842.8917 FAX: 770.836.8563 [www.brittpaulk.com](http://www.brittpaulk.com)

Age of: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roofing \_\_\_\_\_

Other Occupants Yes \_\_\_ No \_\_\_ If Yes, Type of Occupancy \_\_\_\_\_

Smoke Detectors Yes \_\_\_ No \_\_\_ If Yes, Type: Electric \_\_\_\_\_ Battery Power \_\_\_\_\_

Fire Alarm Yes \_\_\_ No \_\_\_ If Yes, Type: Central Station \_\_\_\_\_ Local \_\_\_\_\_

Burglar Alarm Yes \_\_\_ No \_\_\_ If Yes, Type: Central Station \_\_\_\_\_ Local \_\_\_\_\_

Video Cameras Yes \_\_\_ No \_\_\_

Sprinkler System Yes \_\_\_ No \_\_\_ If Yes, Age \_\_\_\_\_ Type: Wet \_\_\_ Dry \_\_\_

Volunteer Fire Department Yes \_\_\_ No \_\_\_ Distance To: Hydrant \_\_\_\_\_ Fire Dept \_\_\_\_\_

Kitchen Fire Protection: Yes \_\_\_ No \_\_\_

U.L. Approved Automatic Extinguishing System under Semiannual Contract Yes \_\_\_ No \_\_\_

Above System Covering All Cooking Surfaces Yes \_\_\_ No \_\_\_

System Name \_\_\_\_\_ Wet \_\_\_ Dry \_\_\_

Automatic Gas or Electric Shut offs for Cooking Yes \_\_\_ No \_\_\_

Hoods and Filters Cleaned Weekly by Staff Yes \_\_\_ No \_\_\_

Hoods and Ducts over All Cooking Equipment Yes \_\_\_ No \_\_\_

Fire Extinguishers Tag Dates \_\_\_\_\_

Is Kitchen Sub-leased Yes \_\_\_ No \_\_\_ If Yes, Explain \_\_\_\_\_

Table Cooking or Tableside Cooking Yes \_\_\_ No \_\_\_

### **Entertainment Section**

Entertainment Yes \_\_\_ No \_\_\_ If Yes, Entire section MUST be completed

Night's w/Ent. Fri \_\_\_ Sat \_\_\_ Sun \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thu \_\_\_ Clientele Avg. Age \_\_\_\_\_

Type of Entertainment Rock Group \_\_\_ DJ \_\_\_ Band(any kind) \_\_\_ Go-Go \_\_\_ Karaoke \_\_\_

Other \_\_\_\_\_

Cover Charge Yes \_\_\_ No \_\_\_

Dance Floor or Stage Exist Yes \_\_\_ No \_\_\_ If Yes, Square Ft. \_\_\_\_\_ Is dancing permitted Yes \_\_\_ No \_\_\_

Amusement Devices (Pool Tables, Video Games, Etc.) Yes \_\_\_ No \_\_\_ If Yes, describe \_\_\_\_\_

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Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes\_\_\_ No\_\_\_ If yes, Entire section MUST be completed

Does Applicant have Liquor License Yes\_\_\_ No\_\_\_ If Yes, Number\_\_\_\_\_

# of Bar Seats\_\_\_\_\_ Max # of Staff per Shift: Bartenders\_\_\_ Wait Staff\_\_\_

Avg. Employment Exp. \_\_\_\_\_ years

Alcohol Server Training Yes\_\_\_ No\_\_\_ If Yes, Explain Type and When

trained\_\_\_\_\_

Does Applicant Have Written Policy on Serving Alcohol to Customers Yes\_\_\_ No\_\_\_

Is Management Notified Prior to Shutting off Patrons Yes\_\_\_ No\_\_\_

Is Documentation Kept on Each Incident Yes\_\_\_ No\_\_\_

# of Bars on Premises\_\_\_ Is there a Steady Bar Clientele Yes\_\_\_ No\_\_\_

Is a Last Call Given Yes\_\_\_ No\_\_\_ If yes, what time\_\_\_\_\_

Have there been any alcohol regulatory violations Yes\_\_\_ No\_\_\_ If Yes, Explain all Violations\_\_\_\_\_

**Liability Section**

General Liability Limit \$\_\_\_\_\_ Aggregate \$\_\_\_\_\_

Liquor Liability Limit \$\_\_\_\_\_ Aggregate \$\_\_\_\_\_

Is Lessors Risk Requested Yes\_\_\_ No\_\_\_ If Yes, Square Footage\_\_\_\_\_ Business Occupant\_\_\_\_\_

Receipts: Food \$\_\_\_\_\_ Liquor \$\_\_\_\_\_ Admissions \$\_\_\_\_\_ Other \$\_\_\_\_\_ Total \$\_\_\_\_\_

Are there Apartments Yes\_\_\_ No\_\_\_ If yes, # of Units\_\_\_\_\_ Owner Occupied Yes\_\_\_ No\_\_\_

Are there Lodging Operations other than Apartments Yes\_\_\_ No\_\_\_

Square Footage: Total Building\_\_\_\_\_ If Restaurant, Table Seating Capacity\_\_\_\_\_

Off Premises Parking Yes\_\_\_ No\_\_\_

On or Off Premises Catering/Banquet Yes\_\_\_ No\_\_\_ If Yes, % of Total Receipts\_\_\_\_\_

Describe Any Other On or Off Premises Exposure NOT Listed Above\_\_\_\_\_