



**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

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 _____

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_____