

Restaurant Application

Name Insured (Corp.):		DBA (Name):		
Location Address: _____				
Street	City	State	Zip	County
Email Address: _____		Web Address: _____		
Current Carrier: _____		Effective/ Renewal Date: _____		Current/Target Premium: _____
Has current policy been cancelled or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Describe: _____				

This Owners/Shareholders Information Must Be Entered To Bind Coverage				
Owner's Name (Principal): _____		S.S. No.: _____		DOB: _____
Home Address: _____				
Street	City	State	Zip	County
Home Phone No.: _____		Business Phone No.: _____		
<i>If more than one owner, list all on back page. All owners/shareholders must complete to bind.</i>				

Business Information	
Applicant is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	
Applicant is a: <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Night Club <input type="checkbox"/> Diner <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Social Club	
<input type="checkbox"/> Other (please specify): _____	
No. of Years at this Location: _____ No. of Years in Restaurant/Tavern Business: _____	
If less than three (3) years at this location, list previous experience: _____	
Federal EIN No.: _____	Liquor License No.: _____
Legal Building Occupancy: _____	

Operations Section	
Is applicant open now? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: _____	
Hours of Operation: From: _____ To: _____ Number of Days Per Week: _____	
Is applicant seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain maintenance, security & hired caretaker operations on Page 5.	
Distance to Ocean or Nearest Body of Water: _____	

Physical Plant Section			
Age of Building: _____	Construction: _____	Protection Class: _____	No. of Stories: _____
Age of Wiring: _____	Age of Plumbing: _____	Age of Heating: _____	Age of Roofing: _____
Roof Shape: <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Hip			
Roof Cladding: <input type="checkbox"/> Asphalt <input type="checkbox"/> Built-Up <input type="checkbox"/> Sheet/Metal <input type="checkbox"/> Tile/Clay <input type="checkbox"/> Wood Shingle			
Exterior Cladding? <input type="checkbox"/> Wood <input type="checkbox"/> EIFS <input type="checkbox"/> Other: _____			
Other Occupants? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type of Occupancy: _____			
Smoke Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type: <input type="checkbox"/> Battery Power <input type="checkbox"/> Electric			
Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Local			
Burglar Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Local			
Surveillance <input type="checkbox"/> Yes Inside? <input type="checkbox"/> Yes <input type="checkbox"/> No Outside? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cameras? <input type="checkbox"/> No Central Monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No Archived for No. of Months: _____			
Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Age: _____ Type of System: <input type="checkbox"/> Wet <input type="checkbox"/> Dry			
Volunteer Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No Distance to: _____ Hydrant: _____ Fire Dept.: _____			
Kitchen Fire Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
U.L. Approved Automatic Extinguishing System Under Semi-Annual Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Above System Covering All Cooking Surfaces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
System Name: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dry			
Automatic Gas or Electric Shut Offs for Cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hood and Filters Cleaned Weekly by Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hoods and Ducts Over All Cooking Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hoods and Ducts Maintenance Contract Schedule, Number Per Month: _____			
Fire Extinguishers Tag Dates: _____			
Is Kitchen Sub-Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain: _____			
Table Cooking or Tableside Cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain: _____			

Liability Section	
General Liability Limit (\$): _____	Aggregate (\$): _____
Liquor Liability Limit (\$): _____	Aggregate (\$): _____
Is Lessor Risk requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Supply Square Footage: _____ Business Occupant: _____
Receipts (\$): Food: _____ Liquor: _____ Admission: _____ Other: _____	Total: _____
Are there apartments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Units: _____ Owner Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there lodging operations other than apartments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Describe: _____	

Is there Waitress/Waiter Service? ☐ Yes ☐ No If Restaurant, Table Seating Capacity: _____
Off Premise Parking? ☐ Yes ☐ No If Yes, List address & square footage (no. of spaces): _____

Valet Parking by owner? ☐ Yes ☐ No By Valet Contractor? ☐ Yes ☐ No If Yes, Include Certificate.
On or Off Premise Catering/Banquet? ☐ Yes ☐ No If Yes, Total Receipts (%): _____
Any "Teen Nights" or Events open to the public? ☐ Yes ☐ No If Yes, Describe Events & Operations on Page 5.
Is there a Dock/Wharf? ☐ Yes ☐ No If Yes, Is there a Water Taxi Service? ☐ Yes ☐ No

Describe Any Other On or Off Premise
Exposure NOT Listed Above: _____

Operations Section

Are any persons employed as Bouncers, Door Staff, ID Checker, Crowd Control or Security? ☐ Yes ☐ No
If Yes, Describe Type, Purpose, and Number of Security/Bouncers on Any Shift: _____

Are any Non-Employee Security Services Hired or Contracted? ☐ Yes ☐ No
If Yes, Describe Type and Purpose: _____

Are Firearms Kept or Permitted on Premises by anyone other than Police Officers? ☐ Yes ☐ No

In the last 12 months have any Emergency Services Been Called (Police, Ambulance, Fire)? ☐ Yes ☐ No
If Yes, Explain: _____

Non-Owned Automobile (Hired Auto Not Available)

Is Non-Owned Automobile Requested? (If Yes, Complete Entire Section) ☐ Yes ☐ No

Number of Employees: _____ Does Applicant have a Business Auto Policy? ☐ Yes ☐ No

Any Delivery Use? ☐ Yes ☐ No List the Business Purposes the Non-Owned Auto will be Utilized for: _____

Claims Section: List ALL Claims for the Past Five (5) Years. If Answered "Yes", Describe Loss.				
Property Claims: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<u>Description:</u>				
General Liability Claims: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<u>Description:</u>				
Liquor Liability Claims: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<u>Description:</u>				
Additional Interests				
<i>Mortgagees, Additional Insured and Loss Payees are defined as Additional Interests.</i>				
<input type="checkbox"/> There are Additional Interests listed on this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below. If the box above is not checked, it is understood that there are no Additional Interests to this application.				
Additional Insured for Type Choice	Name:			
	Address:			
	Interest:			
Additional Insured for Type Choice	Name:			
	Address:			
	Interest:			
Additional Insured for Type Choice	Name:			
	Address:			
	Interest:			
Additional Insured for Type Choice	Name:			
	Address:			
	Interest:			
Additional Insured for Type Choice	Name:			
	Address:			
	Interest:			

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

If Yes,
 Explain:

Additional Owners/Shareholders

Must be completed and signed by all owners/shareholders to bind.

Name: _____	S.S. No.: _____	DOB: _____
Name: _____	S.S. No.: _____	DOB: _____
Name: _____	S.S. No.: _____	DOB: _____
Name: _____	S.S. No.: _____	DOB: _____

Fraud Statement

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein, and on any additional pages if any, shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that 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 commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Credit Report Authorization

I hereby authorize Midlands to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature: _____	Date: _____
Insured's Signature: _____	Date: _____
Insured's Signature: _____	Date: _____
Insured's Signature: _____	Date: _____

MUST BE SIGNED BY ALL OWNERS TO BIND.

Are you the controlling agent on this account? ☐ Yes ☐ No

Agent: _____	Producer: _____
Address: _____	Phone No.: _____
_____	Fax No.: _____
Agent Signature: _____	Email Address: _____

Comments
 or Notes: