



Restaurant Program Supplement

(Required for all OnePac policies written in the Restaurant Program)

(If any information varies by building or premises, please use the "Notes" section to provide details)

Applicant's Name:	Agency Name:
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General Eligibility Questions – All Applicants

Is the applicant in full compliance with all life safety requirements and applicable building ordinances and laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant store any chemicals, explosives, flammables, fuels or solvents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they stored in approved containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any buildings containing habitational units? If yes, do all such units have hard wired smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is security provided at any building? If yes, check all that apply: Security Guard <input type="checkbox"/> Guard Dog <input type="checkbox"/> Other <input type="checkbox"/> (describe type in "Notes" section)	<input type="checkbox"/> Yes <input type="checkbox"/> No

General Underwriting Information – All Applicants

Does applicant own premises or conduct operations not described in this application? If yes, give details in "Notes" section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any policy been declined, canceled or non-renewed during the prior three years? If yes, give details in "Notes" section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any bankruptcies, tax or credit liens against the applicant in the past five years? If yes, give details in "Notes" section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been convicted of arson or any other crime in the past five years? If yes, give details in "Notes" section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any building located less than one mile from the coast (ocean, gulf or bay)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been fined by any federal, state or local governmental agency or entity related to any past or current business operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligibility Questions – All Restaurants

What is the percentage of the receipts from catering operations? _____%	
How many levels does the restaurant operate on? _____ floors	
Are alcoholic beverages served at any location? If yes, (1) Are receipts from alcohol sales greater than 25% of total sales? (2) Is there a formal liquor awareness training program for servers (TIPS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the following apply: playgrounds on premises, table-side cooking, hours of operation greater than 18 hours a day, or the restaurant area is greater than 15,000 square feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Underwriting Information – All Restaurants

Do any locations have live entertainment or a dance floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all premises smoke free?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the cooking operation include grills, broilers or fryers? If yes, are they in full compliance with NFPA Standard #96 and the UL #300 Standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is off premise delivery service offered at any location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there more than one restaurant occupancy in this building?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optional Coverages by Building

<input type="checkbox"/> Spoilage Coverage – \$5,000 (standard)	
Is there a maintenance agreement for refrigeration unit(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Limit: \$ _____
<input type="checkbox"/> Liquor Liability Coverage –	
Have there been any liquor liability losses in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipts from liquor sales at this building: \$ _____
Does the applicant have happy hours or other promotional events? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the applicant's liquor license even been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTES:
