

| Devices | Device Used | Under Hood? | | Auto Fuel Shut Off? | | Surface Protections? | |
|--------------|-----------------|-------------|----|---------------------|----|----------------------|----|
| Grills | Electric or Gas | Yes | No | Yes | No | Yes | No |
| Deep Fryers | Electric or Gas | Yes | No | Yes | No | Yes | No |
| Broilers | Electric or Gas | Yes | No | Yes | No | Yes | No |
| Range / Oven | Electric or Gas | Yes | No | Yes | No | Yes | No |
| Other | Electric or Gas | Yes | No | Yes | No | Yes | No |

Is Gas Safety Shut-Off Marked? Yes or No Frequency of Filter Cleaning? _____

Are Ducts Specifically Treated With Fire Retardant Material? By Whom? _____

Yes or No Frequency of Hood Cleaning? _____

Is Cooking Equipment Protected by an Ansul System? By Whom? _____

Yes or No Last Service Date for Fire Extinguishers? _____

Is the Cooking Equipment UL300 Compliant? By Whom? _____

Yes or No # of Fire Extinguishers in Kitchen? _____

of Fire Extinguishers in Dining Room? _____

General Liability Section

General Aggregate (Other Than Products – Completed Operations) Limit \$ _____

Products – Completed Operations Aggregate Limit \$ _____

Personal and Advertising Injury Limit \$ _____

Each Occurrence Limit \$ _____

Damage to Premises Rented to You Limit \$ _____

Medical Expense Limit \$ _____

| Loc # | Classification | Class Code | Exposure | Premium Basis (Receipts, Area or Units) |
|-------|----------------|------------|----------|--|
| | | | | |
| | | | | |
| | | | | |

Is Entertainment Provided? Yes or No If Yes, Please Describe: _____

Athletic Events Sponsored? Yes or No If Yes, Please Describe: _____

Property Section

Limits Desired Cause of Loss: Basic Special

Building \$ _____ RC ACV Deductible \$ _____ Co-Ins % _____

Contents \$ _____ RC ACV Deductible \$ _____ Co-Ins % _____

Bus Income \$ _____ Co-Ins % _____

Satellite Dish \$ _____

Deductible \$ _____ Co-Ins % _____

Sign \$ _____

Deductible \$ _____ Co-Ins % _____

Other \$ _____

Deductible \$ _____ Co-Ins % _____

Crime Section

Coverage Type Desired

Coverage Limit Desired

Crime Form C: Theft, Destruction and Disappearance

\$ _____
Inside the Premises \$ _____
Outside the Premises

Deductible \$ _____

Crime Form E: Premises Burglary

\$ _____
Inside the Premises

Deductible \$ _____

Crime Form Q: Robbery of Money & Securities and Safe Burglary \$ _____ \$ _____
Inside the Premises Outside the Premises

Deductible: \$ _____

Additional Interests (Please Be Specific)

Name: _____

Additional Insured

Loss Payee

Address: _____

Lender's Loss Payee

Interest: _____

Mortgagee

Contract of Sale

Name: _____

Additional Insured

Loss Payee

Address: _____

Lender's Loss Payee

Interest: _____

Mortgagee

Contract of Sale

Liquor Liability Section

Licensee Name: _____

Entertainment: Days per Week

Days per Week

Days Per Week

DJ _____

Topless _____

Juke Box _____

Band _____

Dancing _____

Pool Tables # _____

Keno _____

Karaoke _____

Dart Boards # _____

Number of Alcohol Servers Employed _____

Number Who Are TIPS/TAMS Certified _____

Does the Applicant Hire or Utilize Bouncers? Yes No If Yes, How Many? _____

Limits of Liability:

50/50 50/100 100/100 100/300 300/300 300/600 500/500 500/1MIL 1MIL/1MIL

Individual Risk History

Has the Establishment Been Cited for a Violation of Any Liquor Laws in the Past Five (5) Years?

Yes No If Yes, Give Date & Details _____

Has Liquor Liability Coverage Ever Been Cancelled, Declined, Non-Renewed or Had a Lapse in Coverage?

Yes No If Yes, Give Date and Details _____

Does Your Current Liquor Policy Exclude Assault or Battery?

Yes No If No, What is the Current Assault or Battery Limit? _____

Does Your Current General Liability Policy Exclude Assault or Battery?

Yes No If No, What is the Current Assault or Battery Limit? _____

Prior Carrier Information (Please Give Detailed History, Including Coverage Premiums)

| Policy Term | Insurance Carrier | Property Premium | Liability Premium |
|-------------|-------------------|------------------|-------------------|
| From: To: | | \$ | \$ |
| From: To: | | \$ | \$ |
| From: To: | | \$ | \$ |

Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Three Years)

| Date of Occurrence | Description of Loss | Status | Paid | Reserved |
|--------------------|---------------------|--------|------|----------|
| | | | | |
| | | | | |
| | | | | |

Prior Liquor Liability Carrier Information (Please Give a Detailed History, Including Coverage Premiums)

| Policy Term | Insurance Carrier | Limits | Premium |
|-------------|-------------------|--------|---------|
| From: To: | | | \$ |
| From: To: | | | \$ |
| From: To: | | | \$ |

Liquor Liability Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Five Years)

| Date of Occurrence | Description of Loss | Status | Paid | Reserved |
|--------------------|---------------------|--------|------|----------|
| | | | | |
| | | | | |
| | | | | |