



**COLONY INSURANCE COMPANY  
RESTAURANT PDQ  
SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Insured: \_\_\_\_\_ Location: \_\_\_\_\_

**GENERAL INFORMATION**

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

Total Employees: FT \_\_\_\_\_ PT \_\_\_\_\_  
Bar Tenders: FT \_\_\_\_\_ PT \_\_\_\_\_  
Servers: FT \_\_\_\_\_ PT \_\_\_\_\_

Operating Hours: \_\_\_\_\_  
Days: \_\_\_\_\_

Premises: Owned \_\_\_\_\_ Leased \_\_\_\_\_  
Total Area: \_\_\_\_\_ sq. ft.  
Area occupied by Insured: \_\_\_\_\_  
Seating Capacity: \_\_\_\_\_

Are owners active in business? \_\_\_\_\_  
Years of Experience: \_\_\_\_\_

Dance floor? Yes \_\_\_\_\_ No \_\_\_\_\_

Any entertainment provided? (If so, specify) \_\_\_\_\_

Any cooking done? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Cooking controls: Ansul system? Yes \_\_\_\_\_ No \_\_\_\_\_

Service Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

Frequency of service & cleaning: Ansul \_\_\_\_\_ Hoods/Ducts \_\_\_\_\_

Retailer visited & recommended risk? \_\_\_\_\_ (Submit if "no")

Any firearms on premises? Yes \_\_\_\_\_ No \_\_\_\_\_

**LIQUOR INFORMATION**

Is Liquor Liability to be quoted through Colony Insurance?

**If Yes:**

• Advise type of training of Owners, Managers, Employees: \_\_\_\_\_

• Liquor License Held: Beer/Wine \_\_\_\_\_ Liquor \_\_\_\_\_ Both \_\_\_\_\_

• List and Describe all State Liquor Losses in Past Three Years. \_\_\_\_\_

None

• List and Describe all State Liquor Violations in Past Three Years. \_\_\_\_\_

None

**If No:**

• Advise Carrier, limits of coverage, effective dates, and policy number. \_\_\_\_\_

No Coverage

**I hereby certify that all information is accurate to the best of my knowledge:**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer: \_\_\_\_\_

Date: \_\_\_\_\_

**RESTAURANT/TAVERNS**

**SUPPLEMENTARY PROPERTY APPLICATION TO BE ATTACHED WITH POLICY AND TO BE SENT WITH INSPECTION REQUEST FORM.**

Name Insured: \_\_\_\_\_ Policy # : \_\_\_\_\_

1. How long has insured owned the business? \_\_\_\_\_
2. Does the insured operate/manage the business personally? \_\_\_\_\_  
If not, please explain. \_\_\_\_\_
3. Is insured experienced in managing this type of business? \_\_\_\_\_
4. How many years experience? \_\_\_\_\_
5. What are the days and hours of operation? \_\_\_\_\_
6. Are deep fat fryers used in cooking? \_\_\_\_\_  
If so, please complete the following:
  - a. Are deep fat fryers, hood and duct system protected by any automatic extinguishing system with surface protection for all grease producing equipment? \_\_\_\_\_
  - b. If so, does equipment meet NFPA 96 standards? \_\_\_\_\_
  - c. Is system serviced semi-annually? \_\_\_\_\_
  - d. Do fryers contain a high temperature shut-off valve? \_\_\_\_\_
  - e. How often is grease residue and flour dust systematically removed from exhaust equipment and other exposed areas? \_\_\_\_\_
7. Are portable fire extinguishers mounted in the cooking area and other prominent locations? \_\_\_\_\_  
How many? \_\_\_\_\_ What size? \_\_\_\_\_
8. Are ashes from cigarettes extinguished in water first and then disposed of in a metal container? \_\_\_\_\_
9. Is premises inspected prior to closing? \_\_\_\_\_
10. Has business been profitable? \_\_\_\_\_  
Is financial information available? \_\_\_\_\_
11. Does insured serve liquor, wine or beer? \_\_\_\_\_
12. What percentage of total receipts is derived from the sale of alcoholic beverages? \_\_\_\_\_  
\_\_\_\_\_
13. Any live entertainment? \_\_\_\_\_
14. Was building originally designed for occupancy as a restaurant? \_\_\_\_\_
15. If building is over 20 years old, has wiring and plumbing been updated? \_\_\_\_\_  
When \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Agent

**RESTAURANT SUPPLEMENTAL QUESTIONNAIRE**

**I. Cooking Equipment**

- |   | YES   | NO    |
|---|-------|-------|
| A. Deep fat fryers:   |       |       |
| 1. Controlled by a thermostat   | _____ | _____ |
| 2. Equipped with separate automatic high temperature limit controls?      | _____ | _____ |
| 3. Spaced at least 16" from surface flames of adjacent cooking equipment? | _____ | _____ |

**II. Exhaust System**

- |   |       |       |
|---|-------|-------|
| A. Is metal hood provided over all grease producing equipment? (Ranges, Fryers, Grills, etc?) | _____ | _____ |
| B. Equipped with removable, noncombustible grease filters?                                    | _____ | _____ |
| C. Filters cleaned: Daily _____, Weekly _____, Monthly _____, Other _____                     |       |       |
| D. Hood/Duct work cleaned: Monthly _____, Quarterly _____, Semi-Annually _____, Other _____   |       |       |
| E. Is a qualified cleaning company contracted?<br>Date of last cleaning: _____                | _____ | _____ |
| F. Is wiring in hood in metal conduit and in good condition?                                  | _____ | _____ |
| G. Are lights in hood(s) enclosed in vapor-proof globes?                                      | _____ | _____ |

**III. Fire Protection**

- |   |       |       |
|---|-------|-------|
| A. Are hoods and ducts equipped with an automatic fire extinguishing system?<br>Manufacturer: _____                         | _____ | _____ |
| B. Is there a service contract for proper maintenance?  | _____ | _____ |
| C. Is system interlocked for automatic fuel shut-off?   | _____ | _____ |
| D. Is carbon dioxide and/or dry chemical portable fire extinguisher provided in kitchen area?<br>Date last inspected: _____ | _____ | _____ |

**IV. General Liability**

- |   |       |       |
|---|-------|-------|
| A. Gross Sales  |       |       |
| 1. Food Sales _____                                       |       |       |
| 2. Liquor Sales _____                                     |       |       |
| 3. Catering Sales _____                                   |       |       |
| B. Dancing _____  | _____ | _____ |
| C. Type of Entertainment _____<br>_____<br>_____          |       |       |
| D. Game Room?<br>If yes, describe _____<br>_____<br>_____ | _____ | _____ |
| E. Any uneven flooring or loose carpeting?                | _____ | _____ |
| F. Stairs or ramps?                                       | _____ | _____ |
| 1. Adequate handrails?                                    | _____ | _____ |
| 2. Clearly indicated?                                     | _____ | _____ |
| G. Rest rooms clean and free of water spills?             | _____ | _____ |
| H. Parking/driveways surface in good condition?           | _____ | _____ |

**V. Crime/All Risk**

- |   |       |       |
|---|-------|-------|
| A. Burglar Alarm?   | _____ | _____ |
| If yes, is it central station?  | _____ | _____ |
| B. Banking frequency? _____   |       |       |
| C. Maximum value of money/securities held on premises any one time? _____ |       |       |
| D. Safe on premises?  |       |       |
| Class: ___ B, ___ C, ___ E, _____ Other                                   |       |       |
| E. Area crime: ___ High, ___ Medium, ___ Low                              |       |       |

**PLEASE PROVIDE INSURED'S SOCIAL SECURITY NUMBER \_\_\_\_\_**  
(CREDIT REPORTS AND/OR FINANCIAL STATEMENTS ARE REQUIRED ON RESTAURANT RISKS.)