

## Special Program Supplemental Application

(Restaurant, Bar, EZ Prep, Brewpub, Brewery & Winery)

Applicant Name:  
Premises Address:

1. Are the insured's operations currently open for business or will they be open within the next 60 days?  
If no, please provide details regarding the insured's plans to be open for business:

2. Does the Insured have at least 3 years of restaurant/bar ownership experience in the past 5 years?  
If no, please provide details regarding the insured's prior related experience:

3. Business closing time:

4. Insured's square footage:

5. Number of employees:

6. Is this a fine dining restaurant?

7. Does the insured offer counter service?

8. Does the insured manufacture alcohol?

If yes, is greater than 25% of alcohol manufactured for consumption on premises?

9. Please provide the insured's annual receipts for each of the following:

Food Sales: \$	Alcohol Sales: \$	Total Sales: \$	% Alcohol:
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10. What is the level of cooking on premises?

Full cooking - *Cooking equipment that can produce grease laden vapors such as deep fryers, grills, flat tops, char-broilers, etc.*

Limited cooking - *Cooking equipment that does not produce grease laden vapors such as ovens, microwaves, sous vides, panini presses, etc.*

No cooking

11. Does the insured infuse their product(s) with cannabis?

12. Does the insured have any solid fuel cooking equipment located inside or within 10 ft of any structures?

13. Does the insured have any cooking surfaces not protected by a UL300-compliant automatic fire suppression system?

**14. Does the insured offer any entertainment other than: Ambience/Background Music, Karaoke, or Trivia?**  
If yes, please provide an explanation of the entertainment type and frequency:

**15. Other than bag toss, volleyball, darts, horseshoes, and/or up to five pool tables, does the insured offer recreational activities?**  
If yes, please provide an explanation of the recreational activities:

**16. Does the insured have bouncers or other security staff?**  
If yes:  
Are background checks performed on bouncers and security personnel?  
Are the bouncers and security personnel armed?  
Are the bouncers and security personnel trained in conflict resolution?

**17. Does the insured offer delivery of their product?**  
Are insured owned autos used for delivery?  
Are employee owned autos used for delivery?  
Are third party delivery services used for delivery?  
Delivery Sales Completed Using Insured Owned or Employee Owned Autos: \$  
Do the delivery sales at any one location exceed 20% of the total sales from its/their respective location(s)?  
If yes, please explain:  
Is the delivery radius greater than 5 miles?  
If yes, please explain:  
Do the delivery hours extend past 10 PM?  
If yes, please explain:

**18. If auto coverage is rated:**  
Does the insured's business provide shuttle services?  
Are there any additional auto policies in force that would provide coverage for the named insured(s)?

**19. Have there been any liquor law violations within the last 3 years?**  
If yes, please provide the number of violations and a description of each liquor violation:

**Agency:**

**Agent:**

**Agent Email:**

**Agent Phone Number:**