



# ORCHID

The First Choice.

## Restaurant Product Application – All States

Applicant's name: \_\_\_\_\_

Food Sales	Alcohol Sales	Other Receipts	Total Annual Receipts
\$	\$	\$	\$

Years of experience the applicant has in managing this type of operation \_\_\_\_\_

What type of extinguishing system is functioning and operational? \_\_\_\_\_

Wet Dry

Is there a deep fat fryer on the premises? \_\_\_\_\_

Yes No

How many nights of major entertainment per week? \_\_\_\_\_

Is the applicant a Gentlemen's Club or is adult/exotic dancing provided? \_\_\_\_\_

Yes No

Is there a dance floor? \_\_\_\_\_

Yes No

Does the applicant allow patrons to bring in their own alcohol on the premises? \_\_\_\_\_

Yes No

Are there tables? \_\_\_\_\_

Yes No

If "Yes," is there table service? \_\_\_\_\_

Yes No

Does the applicant hire or utilize bouncers, security or doorpersons? \_\_\_\_\_

Yes No

Does the establishment have a child's play area? \_\_\_\_\_

Yes No

Does the establishment serve raw seafood? \_\_\_\_\_

Yes No

What is the latest hour of operation? \_\_\_\_\_

In the past three years, have there been any previous claims involving assault and/or battery? \_\_\_\_\_

Yes No

### Building Owner

Is any portion of the building leased to commercial tenants? \_\_\_\_\_

Yes No

If "Yes", applicable sq. ft. \_\_\_\_\_

Does the applicant lease any apartments at this location? \_\_\_\_\_

Yes No

If "Yes", number of units \_\_\_\_\_

Applicable sq. ft. \_\_\_\_\_

Who performs snow and ice removal? \_\_\_\_\_ Insured Contractor Tenant Not a cold weather state

### ELIGIBILITY CRITERIA

1. No bankruptcies, tax or credit liens	True	False
2. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri)	True	False
If false, advise reason _____		
3. No sales, service or rental of fur products (Fur collars or synthetic fur are eligible)	True	False
4. No sale or storage of costumes	True	False
5. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers	N/A	True False
6. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring	N/A	True False
7. Functioning and operational fire extinguishers available	True	False
8. Functioning and operational smoke detectors in all units and/or occupancies	True	False
9. Business does not operate on a seasonal basis	True	False

### GENERAL LIABILITY

1. Applicant has not, is not and will not act as a franchisor (grantor of a franchise)	True	False
2. All public areas are equipped with functioning and operational smoke/heat detectors	True	False
3. All alcohol served within the legally allowable time frames	True	False
4. Applicant is the only occupancy in the building or all deep fat frying appliances have automatic extinguishing systems and are all NFPA 96 compliant	True	False
5. Every floor with public access has at least two means of egress (exits)	True	False
6. No exposure to pyrotechnic displays, foam machines, moon bounces, trampolines, rock walls or swimming pools	True	False
7. No exposure to mechanical bull or mechanical riding devices	True	False

8. Not situated on a vessel

9. Patrons under 21 years of age are not permitted in the bar area after 11 p.m. and applicant does not have “teen,” “under 21” or similar functions

10. No inhalation of oxygen gas from tanks or hookah smoking on premises
- True

True

True
- False

False

False

PROPERTY INFORMATION

1. If you own the building and it is older than 15 years, please complete the following:

Age of roof: \_\_\_\_\_yrs.

2. Plumbing type: PVC Copper Lead Galvanized Other \_\_\_\_\_

OPTIONAL COVERAGES

1. Assault & Battery

N/A

\$50,000/\$100,000

\$100,000/\$100,000
2. Terrorism

Yes

No
3. Water Back Up

N/A

\$25,000
4. Hired and Non Owned Auto

N/A

Yes

No
- # of employees

N/A

0-25

26-100

101 or more
- Cost to lease, hire or rent vehicles annually?

\_\_\_\_\_
- Does applicant run MVRs on all employees?

N/A

Yes

No
5. Employee Benefits Liability
- Limits (each employee/aggregate)

N/A

\$25,000/ \$25,000

\$50,000/ \$50,000

\$100,000/ \$100,000
- # of employees \_\_\_\_\_ (full and part time employees)
- Are all personnel who counsel employees familiar with the details of the insured’s program?

N/A

Yes

No
- Are all programs in compliance with Cobra requirements?

N/A

Yes

No
- For optional employee benefits are rejections, either signed or electronic, required and kept on file?

N/A

Yes

No
6. Employee Dishonesty
- Limits

N/A

\$25,000

\$50,000
- Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?

N/A

Yes

No
- Is Countersignature Of Checks Required?

N/A

Yes

No
- Not, Who Signs Controls?

\_\_\_\_\_
- Frequency of audits and by whom made?

\_\_\_\_\_
- Any losses within the last 5 years?

\_\_\_\_\_
- # of employees- full and part time employees

\_\_\_\_\_
7. Ordinance or Law Coverage (Coverage A, B & C combined)

N/A

\$100,000

\$250,000

\$500,000
8. Spoilage
- Limits

\$25,000

\$50,000

\$100,000
- Are there perishable items stored?

Yes

No
- Breakdown or Contamination included

Yes

No
- (If Breakdown or Contamination is requested a refrigeration maintenance agreement must be in place.)

LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages		None, or provide detail below.		Description
Year	Status	Incurred		
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____

Liability Coverages		None, or provide detail below.		Description
Year	Status	Incurred		
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M

ADDITIONAL APPLICANT INFORMATION

Inspection contact name: \_\_\_\_\_

Telephone/E-mail address: \_\_\_\_\_