



RESTAURANT SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name of Applicant: _____

Years in Business: _____ Years with same management: _____

If someone, other than the applicant, will be managing the business, what prior experience have they had in this type of operation? _____

*Currently valued loss runs required.

Restaurant Type:

Limited Cooking

Fast Food

Casual Dining

Fine Dining

Buffet

Take-Out Only

Business Days: _____ Business Hours: _____ to _____

Total Area: _____ Customer Seating Area: _____ Seating Capacity: _____

Outside Patio Area: _____ Banquet Area: _____ Bar/ Lounge Area: _____

Total Sales: \$ _____ Total Food Sales:\$ _____ Total Liquor Sales:\$ _____

GENERAL INFORMATION

Is the business currently open and operating? Y N

Is there a dance floor? Y N

Is there any live entertainment (including karaoke) other than incidental music, such as piano playing, provided by the establishment? Y N

Does the business conduct happy hours or similar promotions? Y N

Please describe (Days, Time, What kind of Special and etc.):

Is there any drive-thru exposure? Y N

If Yes, please describe: _____

Is there any delivery service provided? Y N

Is the restaurant closed for more than 30 consecutive days (seasonal operations)? Y N

Is this a Teppanyaki/Hibachi style restaurant? Y N

Is there table top cooking? Y N

Types of table top cooking: Y N

Carry-in/out Charcoal Built-in Gas Table Portable Gas Burner

Has the applicant been cited for any food service/ health board violations? Y N



- Does the applicant provide valet parking service? Y N
- If yes, who is responsible for maintenance of parking lot and other exterior premise?
 - Insured/Employees Contractors
- If outside contractors, does the applicant obtain Certificate Of Insurance from the contractors? Y N
- Are keys monitored? Y N
- Does the applicant have pool tables, dart boards, pinball or video game? Y N
- Does the applicant allow patrons to bring their own alcoholic beverages (BYOB)? Y N
- Are there any sidewalk table services on premise? Y N

PROTECTIVE SAFEGUARD

- Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by certified Compliant UL-300 and/or NFPA 96 Fire Suppression Systems? Y N
- Is there a semi-annual service/ maintenance contract in place for the protective system? Y N
- Is the exhaust system cleaning schedule standard? Y N
- Does system have automatic fuel shut off? Y N
- Hood and ducts cover all cooking equipment? Y N
- Hood and filters cleaned weekly by staff? Y N
- K rated fire extinguishers available in the kitchen? Y N

SECURITY

- Does the risk have and maintain a central station burglar alarm and/or surveillance cameras (CCTV)? Y N
- Are there any security personnel? Y N
- If Yes, are any of the security guards armed? Y N
- Are the guards: Employees Contractors
- If the guards are contractors, does the applicant have a Certificate Of Insurance from the security naming them as an additional insured? Y N

EMPLOYEE TRAINING AND MANAGEMENT

- # of Employees: Full-time: _____ Part time: _____
- Are Employee references checked prior to hiring? Y N
 - Does the applicant train employee to document each incident? Y N

CATERING/ OFF-PREMISE INFORMATION

Not Applicable

Total gross annual sales (from catering): \$ _____



KOOKMIN BEST INSURANCE CO., LTD. (US BRANCH)

505 N BRAND BLVD, STE 1025

GLENDALE, CA 91203

MAIN: 818.254.1040

FAX : 323.425.8330

Food sales (from catering): \$ _____ Liquor sales (from catering): \$ _____

On Premise: _____ % Off Premise: _____ %

Describe catering operations (both on & off premises, as applicable): _____

Is there any sponsorship of sports or special events? Y N

If yes, please describe: _____ Y N

Is there any Additional Insured that require Certificate Of Insurance (COI)? Y N

If yes, please provide name and address: _____

Do employees use their own vehicles? Y N

LIQUOR LIABILITY Not Applicable

Does the applicant possess and maintain a valid state liquor license? Y N

Does the applicant sell alcoholic beverages to intoxicated customers? Y N

Does the applicant clearly post signs stating that customer must be 21 or older and require identification (driver's license, valid passport, or county issued identification) on all customers? Y N

Does the applicant have any written policy on serving alcohol for customers? Y N

Has applicant's liquor license ever been revoked, suspended or fined? Y N

Has the applicant had any reported Liquor Liability and/or Assault and Battery claims or notification of potential liquor liability claims within past 5 years? Y N

Within the past 5 years, has applicant's Liquor coverage been cancelled or non-renewed? Y N

If yes, please explain: _____

What time does the sale of alcohol cease? _____

AM PM 24HRS

ADDITIONAL COMMENTS

Are there any other unusual exposure/hazards not asked that Leading Insurance Services (LIS) should be aware of prior to releasing a quote for this risk? Please state any matters LIS should be aware of regarding this risk in the space below:



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FRAUD STATEMENT

Please read the statement applicable to your state. Then sign, date and return with your application.

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

HAWAII: For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

ILLINOIS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant's Signature: _____ Date: [Click here to enter a date.](#) _____

Name of Authorized Agent or Broker: _____