



SAFEPOINT INSURANCE COMPANY
PO BOX 16647
Tampa, FL 33687-6647
Phone: 844-722-9985 Fax: 813-575-2965

COMMERCIAL LIABILITY POLICY

RESTAURANT – Supplemental Application (this must accompany the ACORD application)

Applicant: _____
 Location(s): _____

Note: If more than one location, provide a separate application for each.

EXPERIENCE:

Number of years in operation at this location: ____ Number of years under current ownership: ____
 Number of year restaurant/bar management experience: ____

PROTECTIONS:

Any bars, grills or grates on windows or doors? Yes No Distance to ocean (in miles): ____
 Central Station Fire Alarm? Yes No
 Central Station Burglar Alarm? Yes No

OPERATIONS:

Type of Establishment: Restaurant Bar Sports Bar Tavern
 Nightclub or Private Party Bring Your Own Liquor (BYOB) facility
 Square footage (excluding storage rooms): Restaurant: _____ Bar: _____
 Hours of operation: Kitchen: From _____ to _____ Bar: From _____ to _____
 Is restaurant currently open for business? Yes No *If no, specify opening date: _____*
 Are any renovations planned within the next 12 months? Yes No *If yes, provide details (use reverse)*
 Is business operated on a seasonal basis? Yes No *If yes, specify closed season: _____*
 Any bouncers or ID checkers employees? Yes No
 If there is a lounge, is there a cover charge? Yes No
 Any package liquor sales (if yes, provide receipts) Yes No
 Is liquor liability coverage requested? Yes No
 Is a regular restroom maintenance program in place? Yes No
 Is the restaurant/lounge on a single level? Yes No
 Do all stairs have appropriate handrails? Yes No
 If no, are all steps or multi-level floor areas properly illuminated? Yes No
 Is there live entertainment? Yes No
 If yes, check all that apply: Juke Box Comedian Bands Solo musician/singer Dancers (full details)
 Piano/Organ Days & hours of entertainment? _____
 Type of music: Disco Other (specify) _____ Country/western Easy Listening Rock & Roll Swing or Salsa
 Is there a stage? Yes No Stage square footage: ____
 Is there a dance floor? Yes No Dance floor square footage: ____
 Any catering operations? Yes No If yes, indicate % of total receipts: ____
 Is delivery service available? Yes No
 Does management EVER allow the use of pyrotechnics? Yes No
 Does the applicant manufacture, process or wholesale food products? Yes No
 Does the applicant serve any raw seafood? Yes No
 Is there any tableside cooking? Yes No
 Has the applicant EVER been cited for violation by the Board of Health? Yes No
 If yes, provide complete details: _____



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Has the applicant EVER been fined or cited for violations or ordinances related to the sale of alcohol? Yes No

If yes, provide complete details.

RECREATION/AMUSEMENT:

Marina or docking facilities? Yes No Video/game machines? Yes No If yes, how many? ___
 If yes, now many docks? _____ Pool tables? Yes No If yes, how many? ___
 Utilities or Gas facilities? Yes No Dart boards? Yes No If yes, how many? ___
 Mechanized devices? (riding bulls, etc.) Yes No Large screen TV's? Yes No

Any children's play areas or equipment (i.e. slides, climbing apparatus, swings, etc.)? Yes No

If yes, explain in detail.

Beach, lake, intercoastal or other body of water? Yes No
 Any swimming pools or hot tubs? Yes No If yes, how many? _____ Any
 Special Events (i.e., Festivals, Concerts, Contests, etc.)? Yes No
 If yes to any of the above, provide complete details.

KITCHEN/COOKING AREAS: (Check all that apply)

Hood & duct exhaust system? Yes No
 Automatic gas or electric shut off for cooking w/manual pull? Yes No
 Any deep fat frying? Yes No
 If yes, is there a non-combustible separation between fryer and any open flame? Yes No
 Is there a temperature limit with automatic shut-off? Yes No
 UL listed filters in hood? Yes No
 Are grease filters cleaned/changed weekly? Yes No
 Are interior of hoods & ducts inspected weekly? Yes No
 And cleaned by commercial firm when necessary? Yes No
 UL listed automatic fire extinguishing system? Yes No
 Does system protect ALL cooking surfaces? Yes No
 Does system protect hoods, ducts & grease? Yes No
 Are portable fire extinguishers mounted & accessible? Yes No
 Removal devices? Yes No
 Is system under contract & serviced by a commercial firm? Yes No

Date last inspected: _____

Specify contract term: Quarterly Semi-annual Annual



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VALET PARKING:

- Is valet parking available? Yes No
- If yes, please answer the following:
- Are valet service operated by applicant and/or applicant's employees? Yes No
- Is valet parking subcontracted to others? Yes No
- If yes, does subcontractor provide certificates of insurance evidencing both auto liability and garagekeepers legal liability? Yes No
- Are parking lots located on the insured's premises? Yes No
- Is a 3-part ticket system utilized? Yes No
- Are keys kept in a locked box? Yes No
- Any drivers under 18 or over 65 years of age? Yes No
- Are MVR's reviewed prior to hire? Yes No

RECIPTS:

		<u>Past 12 months</u>	<u>Est. for next 12 months</u>
Total Gross Annual Receipts	Annual Food Sales:	\$ _____	\$ _____
	Annual Liquor Sales:	\$ _____	\$ _____
	Cover Charge:	\$ _____	\$ _____
	Other:	\$ _____	\$ _____
	TOTAL:	\$ _____	\$ _____

Was business profitable during the past 12 month? Yes No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature

Co-Applicant Signature

Date

Agent Signature

Date

Agent License Number