

RESTAURANT SUPPLEMENTAL APPLICATION

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agent: _____

General Information

Is a UL 300 Fire Suppression System in place? Yes No

Is a semiannual contract in effect for the UL 300 Fire Suppression System? Yes No

Who is the service company for the system? _____

Is a semiannual hood cleaning contract in effect? Yes No

Who is the service company? _____

Is the restaurant protected by an automatic sprinkler system? Yes No

Has the restaurant been owned & operated by the same owner for a minimum of 3 years? Yes No

Number of years of operation at the current location: _____ Current hours of operation: _____

Does the current restaurant manager have at least one year experience with the current owner(s)? Yes No

What is the total occupancy for the restaurant? _____

Have there been any liquor violations during the last five years? NA Yes No

(Attach any liquor violation information)

Does the sale of liquor exceed 30% of all receipts? NA Yes No

Is the restaurant currently involved in bankruptcy or foreclosure? Yes No

Does the restaurant provide entertainment such as bands, dancing or any other special entertainment? Yes No

If Yes, describe: _____

What is the public protection class? _____

What is the age of the cooking equipment? _____

Is the restaurant protected by a central station water flow alarm? Yes No

Is the restaurant equipped with:

Central station smoke detection alarm system? Yes No

Heat detection alarm system? Yes No

Central station burglary alarm? Yes No

How old is the building? _____

List dates of upgrades to building:

Plumbing _____

Heating _____

Roof _____

Electrical _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

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

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____

Date: _____

Print Name: _____

Title: _____