



**COLONY INSURANCE COMPANY  
RESTAURANT PDO  
SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Insured: \_\_\_\_\_ Location: \_\_\_\_\_

**GENERAL INFORMATION**

Receipts: Total: \$ \_\_\_\_\_  
 Food: \$ \_\_\_\_\_  
 Liquor: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

Total Employees: FT \_\_\_\_\_ PT \_\_\_\_\_  
 Bar Tenders: FT \_\_\_\_\_ PT \_\_\_\_\_  
 Servers: FT \_\_\_\_\_ PT \_\_\_\_\_

Operating Hours: \_\_\_\_\_  
 Days: \_\_\_\_\_

Premises: Owned \_\_\_\_\_ Leased \_\_\_\_\_  
 Total Area: \_\_\_\_\_ sq. ft.  
 Area occupied by Insured: \_\_\_\_\_  
 Seating Capacity: \_\_\_\_\_

Are owners active in business? Yes \_\_\_\_\_ No \_\_\_\_\_

Years of Experience: \_\_\_\_\_ Dance floor? Yes \_\_\_\_\_ No \_\_\_\_\_

Any entertainment provided? (If so, specify) \_\_\_\_\_

Any cooking done? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Cooking controls: Ansul system? Yes \_\_\_\_\_ No \_\_\_\_\_

Service Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

Frequency of service & cleaning: Ansul \_\_\_\_\_ Hoods/Ducts \_\_\_\_\_

Retailer visited & recommended risk? \_\_\_\_\_ (Submit if "no")

Any firearms on premises? Yes \_\_\_\_\_ No \_\_\_\_\_

**LIQUOR INFORMATION**

Is Liquor Liability to be quoted through Colony Insurance?

**If Yes:**

- Advise type of training of Owners, Managers, Employees: \_\_\_\_\_

- Liquor License Held: Beer/Wine \_\_\_\_\_ Liquor \_\_\_\_\_ Both \_\_\_\_\_

- List and Describe all State Liquor Losses in Past Three Years. \_\_\_\_\_ None

- List and Describe all State Liquor Violations in Past Three Years. \_\_\_\_\_ None

**If No:**

- Advise Carrier, limits of coverage, effective dates, and policy number. \_\_\_\_\_ No Coverage

**I hereby certify that all information is accurate to the best of my knowledge:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_