



INTERSTATE INSURANCE UNDERWRITERS, INC.

RESTAURANT 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: _____