

# Restaurant Supplement

World Insurance Associates

---

Applicant Name:

Contact Name:

Phone Number:

Year Business Established:

Years of management experience:

Hours of Operation:

Is this business open all year round?      Yes      No

If not, how many months is this business open during the year?

Does the restaurant have waiter/waitress service?      Yes      No

Is there a playground?      Yes      No

Building construction:

Is the building 100% sprinklered?      Yes      No

Protection class:

Any habitational exposure in the building?      Yes      No

Is this building located in a strip mall?      Yes      No

Restaurant Type (Please select one of the following):

Deli

Banquet Hall

Bar

Fast Food

Tavern

Restaurant with table service

Fine Dining

Restaurant without table service

Other: Please specify:

Food sales: \$

Liquor sales: \$

Liquor Sales - % of total sales:      %

Seating capacity:

Are there any deliveries?      Yes      No

If yes, please answer the following:

a. Percentage of sales derived from delivery:                      %

b. Are deliveries made by a 3rd party such as Grub Hub or Door Dash?      Yes      No

Are catering/ banquet operations provided?      Yes      No

If yes, please advise percentage of total receipts:                      %

**COOKING/ KITCHEN PROTECTION:**

Grilling?      Yes      No

Roasting?      Yes      No

Deep fat frying?      Yes      No

Tableside cooking?      Yes      No

Open broiling?      Yes      No

Barbecue?      Yes      No

U.L. 300 approved automatic fire extinguishing system covers all cooking surfaces?      Yes      No

U.L. 300 approved automatic fire extinguishing system is under a maintenance contract?      Yes      No

Automatic gas or electric shut offs for cooking?      Yes      No

Hood and filters cleaned weekly by staff?      Yes      No

BC and K extinguishers available in kitchen?      Yes      No

Hoods and ducts over all cooking equipment?      Yes      No

Hoods and ducts maintenance contract schedule?      Yes      No

Adequate clearance between hoods, cooking, equipment and combustible materials?      Yes      No

**ENTERTAINMENT:**

Live Music?      Yes      No

Dance Floor?      Yes      No

DJ?      Yes      No

Karaoke?      Yes      No

Other?      Yes      No

If yes, please provide details:

