



Restaurant Supplemental – Excess / Umbrella

Name of Applicant:	
Does the applicant have any locations with live entertainment, comedy clubs, dance floors, night clubs or adult entertainment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant receive 25% or more revenue from catering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant offer any food delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any locations with a 24 hour exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No
LIQUOR LIABILITY (If applicable)	
Total Revenue generated from the sale of liquor consumed on the applicant’s premises:	\$
Total Revenue generated from the sale of liquor NOT consumed on the applicant’s premises:	\$
Does the applicant have any sales of liquor in Connecticut, Hawaii, Indiana, Iowa, Michigan, Montana, New Hampshire, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, Texas, Washington or Wyoming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any sales of liquor in Alabama, Alaska, Washington DC or Vermont?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any location where the percentage of liquor revenue to total combined food and liquor revenue exceeds 50% ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING:

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

APPLICANT SIGNATURE _____ Date _____

AGENT SIGNATURE _____ Date _____