**SECTION A: APPLICANT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A1** | **DATE OF APPLICATION** |  | | | | |
| **A2** | **EFFECTIVE DATE** |  | | | | |
| A3 | NAMED INSURED(S) |  | | | | |
|  | DBA(S) |  | | | | |
|  | If more than one Named Insured exists, please list and explain relationship below: | | | | | |
|  |  | | | | | |
| A4 | CONTACT NAME |  | | | PHONE |  |
| A5 | STREET ADDRESS |  | | | | |
| A6 | CORP. STRUCTURE | Individual | Partnership | Corporation | | Other |
| A7 | WEBSITE |  | | | | |

SECTION B: RESTAURANT INFORMATION

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| --- | --- | --- |
|  | Food Sales: $      Liquor Sales $      Catering Sales $      Total Sales $ |  |
|  | Hours of Operation (Days & Hours): |  |
|  | Cooking Equipment (check all that apply):  Broilers  Oven  Ranges  Deep Fat Fryers  Grills  Hearth |  |
|  | If kitchen has deep fat fryer, how far away from other cooking surfaces?  If less than 3 feet away from other cooking surfaces, what is done to prevent splatter from hitting other  cooking surfaces? |  |
|  | Fuels Used: (Check all that apply)  Charcoal  Gas  Electric  Oil  Wood  Other: |  |
|  | Is the kitchen equipped with an automatic extinguishing system? | N/A  Yes  No |
|  | Does this system cover all cooking and ventilation equipment? | N/A  Yes  No |
|  | Is this system UL 300/NFPA compliant? | N/A  Yes  No |
|  | Is this system equipped with automatic fuel shutoffs? | N/A  Yes  No |
|  | Does this system receive service at least every 6 months? | N/A  Yes  No |
|  | Is the cooking equipment equipped with remote manual fuel shutoffs? | N/A  Yes  No |
|  | Does the Applicant have generators in place to protect stock in the event of a power outage? | N/A  Yes  No |
|  | Does the cooking equipment receive regular service? | N/A  Yes  No |
|  | Are the cooking areas equipped with non-combustible filters? | N/A  Yes  No |
|  | Is the hood and duct system cleaned by an outside contractor? | N/A  Yes  No |
|  | Is the kitchen equipped with UL listed grease extractors? | N/A  Yes  No |
|  | What is the frequency of cleaning of the grease extractors?  Weekly  Monthly  Annual  Other: |  |
|  | Has all cooking equipment been upgraded within the last 10 years? | N/A  Yes  No |
|  | Does the Applicant possess a maintenance agreement on refrigeration equipment | N/A  Yes  No |
|  | Does the Applicant perform regular sweeping/mopping and/or floor inspections? | N/A  Yes  No |
|  | Are logs kept for all cleaning operations? | N/A  Yes  No |
|  | Is there a sanitation manager employed with proper hygiene procedures established? | N/A  Yes  No |
|  | Does the Applicant package, repackage, or label any items for sale? | N/A  Yes  No |
|  | If yes, describe: |  |
|  | Is there live entertainment and/or dancing on premises? | N/A  Yes  No |
|  | Is the parking lot maintained and does it have adequate lighting? | N/A  Yes  No |
|  | Does the Applicant have a formal quality control process? | N/A  Yes  No |
|  | Is there a recall or market withdrawal plan in place and compliant with FDA guidelines? | N/A  Yes  No |
|  | Were FDA inspections completed regularly over the last 5 years? | N/A  Yes  No |
|  | Have there been any products recall claims in the last 5 years? | N/A  Yes  No |
|  |  |  |

**SECTION H: SUPPLEMENTAL INFORMATION**

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READ AND SIGN BELOW

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate, and complete and that no material facts have been omitted, misrepresented, or misstated. I know of no other claims or lawsuits against the Applicant, and I know of no other events, incidents, or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

|  |  |  |
| --- | --- | --- |
|  | | |
| SIGNATURE OF APPLICANT | | |
|  |  |  |
| NAME | TITLE | DATE |
|  | | |
| SIGNATURE OF BROKER | | |
|  |  |  |
| NAME | TITLE | DATE |

**PLEASE READ CAREFULLY**

**GENERAL FRAUD WARNING NOTICE**

Any person who knowingly and with intent to defraud any insurance company or another 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 act, which is a crime and may subject the person to criminal and civil penalties.

**STATE SPECIFIC FRAUD WARNING NOTICES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Arkansas Fraud Warning**  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  **Colorado Fraud Warning**  It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.  **District of Columbia Fraud Warning**  WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by an applicant.  **Florida Fraud Warning**  Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.  **Hawaii Fraud Warning**  For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.  **Kentucky Fraud Warning**  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.  **Louisiana Fraud Warning**  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  **Maine Fraud Warning**  It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.  **Maryland Fraud Warning**  Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  **New Hampshire Statement of Residency**  To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of $2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.  **New Jersey Fraud Warning**  Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. |  | **New Mexico Fraud Warning**  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.  **New York Fraud Warning**  Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the value of the subject motor vehicle or stated claim for each violation. Other Types of Insurance: 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 shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.  **Ohio Fraud Warning**  Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.  **Oklahoma Fraud Warning**  WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  **Oregon Fraud Warning**  Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.  **Pennsylvania Fraud Warning**  All Types of Insurance: 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. Motor Vehicle Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000.  **Tennessee Fraud Warning**  It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.  **Virginia Fraud Warning**  It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.  **Washington Fraud Warning**  It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. | |
| **POLICY CANCELLATION PROCEDURE**  **Pro Rata Calculation**  We will compute return premium pro rata and round to the next highest whole dollar when a policy is cancelled:   1. At the company’s request; 2. Because the insured no longer has a financial or insurable interest in the property or business operation that is the subject of insurance; 3. Rewritten in the same company or company group; or 4. After the first year for a prepaid policy written for a term of more than one year.   **Other Cancellations**  If preceding paragraph does not apply, we will compute return premium at .90 of the pro rata unearned premium and round to the next higher whole dollar. | | |