



## QSR RESTAURANT SUPPLEMENTAL APPLICATION

This questionnaire must be attached to Acord Forms. Please note that all incomplete applications will be returned to the agent.

This questionnaire requires the following attachments to be submitted for a quote:

1. Acord applications for each line of coverage
2. Three years currently valued loss runs
3. Details of individual losses over \$25,000

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years with same management: \_\_\_\_\_

If someone, other than the applicant, will be managing the business, what prior experience have they had in this type of operation? \_\_\_\_\_

#### Restaurant Type:

☐ Limited Cooking ☐ Fast Food ☐ Caffe ☐ Take-Out Only

If franchise - name of franchise: \_\_\_\_\_

Business Days: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Total Area: \_\_\_\_\_ Customer Seating Area: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Total Sales: \$ \_\_\_\_\_

### GENERAL INFORMATION

Is the business currently open and operating? ☐ Y ☐ N

Is there a playground? ☐ Y ☐ N

Is there any live entertainment (including karaoke) other than incidental music, such as piano playing, provided by the establishment? ☐ Y ☐ N

Is wood mulch used in any landscaping around or near building? ☐ Y ☐ N

Please describe material used: (lava rock etc.) \_\_\_\_\_

Is there any drive-thru exposure? ☐ Y ☐ N

If Yes, please describe: \_\_\_\_\_

Is there any delivery service provided? ☐ Y ☐ N

Is the restaurant closed for more than 30 consecutive days (seasonal operations)? ☐ Y ☐ N

Is the building in a Tier One Wind Zone? ☐ Y ☐ N

Has the applicant been cited for any food service/ health board violations? ☐ Y ☐ N

Cooking Equipment (# of each):

\_\_\_\_\_ Broilers \_\_\_\_\_ Fryers \_\_\_\_\_ Grills \_\_\_\_\_ Ovens \_\_\_\_\_ Ranges \_\_\_\_\_

Other \_\_\_\_\_

Are bank deposits made daily? ☐ Y ☐ N

If No, how is the money protected until deposited? \_\_\_\_\_

☐ Safe ☐ Cash register

Is the parking area well maintained and adequately lit in all areas? ☐ Y ☐ N

Is the location under contract for regular pest control services? ☐ Y ☐ N

Is the location under contract for regular ice or snow removal services? ☐ Y ☐ N

Are certificates of insurance required from all contractors a? ☐ Y ☐ N

### PROTECTIVE SAFEGUARD/SECURITY

Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by certified Compliant UL-300 and/or NFPA 96 Fire Suppression Systems? ☐ Y ☐ N

Is there a semi-annual service/ maintenance contract in place for the protective system? ☐ Y ☐ N

Is the exhaust system cleaning schedule standard? ☐ Y ☐ N

Does system have automatic fuel shut off? ☐ Y ☐ N

How often is system professionally serviced? \_\_\_\_\_

Hood and ducts cover all cooking equipment? ☐ Y ☐ N

Hood and filters cleaned weekly by staff? ☐ Y ☐ N

K rated fire extinguishers available in the kitchen? ☐ Y ☐ N

Are generators in place to protect stock if power outage? ☐ Y ☐ N

Does the risk have and maintain a central station burglar alarm and/or surveillance cameras (CCTV)? ☐ Y ☐ N

Are there any security personnel? ☐ Y ☐ N

If Yes, are any of the security guards armed? ☐ Y ☐ N

Are the guards: ☐ Employees ☐ Contractors

If the guards are contractors, does the applicant have a Certificate Of Insurance from the security naming them as an additional insured? ☐ Y ☐ N

### EMPLOYEE TRAINING AND MANAGEMENT

# of Employees: Full-time: \_\_\_\_\_ Part time: \_\_\_\_\_

Are Employee references checked prior to hiring? ☐ Y ☐ N

Does the applicant train employee to document each incident? ☐ Y ☐ N

### CATERING/ OFF-PREMISE INFORMATION

☐ Not Applicable

Total gross annual sales (from catering): \$ \_\_\_\_\_

Food sales (from catering): \$ \_\_\_\_\_

On Premise: \_\_\_\_\_ % Off Premise: \_\_\_\_\_ %

Describe catering operations (both on & off premises, as applicable): \_\_\_\_\_

Is there any sponsorship of sports or special events? ☐ Y ☐ N

If yes, please describe: ☐ Y ☐ N

Is there any Additional Insured that require Certificate Of Insurance (COI)? ☐ Y ☐ N

If yes, please provide name and address: \_\_\_\_\_

Do employees use their own vehicles? ☐ Y ☐ N

### ADDITIONAL COMMENTS

Are there any other unusual exposure/hazards not asked that Origin Specialty Underwriters Agency, LLC should be aware of prior to releasing a quote for this risk? Please state any matters Origin should be aware of regarding this risk in the space below:




## FRAUD STATEMENT

**Please read the statement applicable to your state. Then sign, date and return with your application.**

**CALIFORNIA:** For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**HAWAII:** For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

**ILLINOIS:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW YORK:** 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 five thousand dollars and the stated value of the claim for each such violation.

**PENNSYLVANIA:** 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 the person to criminal and civil penalties.

**VIRGINIA:** 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.

Applicant's Signature: \_\_\_\_\_

Date: [Click here to enter a date.](#)

Name of Authorized Agent or Broker: \_\_\_\_\_