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APPLICATION SUPPLEMENT – RESTAURANT

Applicant (First Named Insured) _____ Inception Date _____

1. Number of years in restaurant management _____ At this location _____
2. Does owner operate and manage this restaurant? YES NO
3. Total number of employees _____ Total square footage _____ Public area square footage _____
4. Is insured presently in Chapter 11 bankruptcy or contemplating filing? YES NO
5. **SALES**

Food	\$		Other(describe)	
Alcoholic Beverage	\$			\$
Catering	\$		Total	\$
6. Type of restaurant Sit down Buffet Sports Bar Other (explain) _____
7. Does restaurant serve raw shellfish from the Gulf Coastal Waters? YES NO If so, what percentage of total sales does this represent? _____ % Have shellfish been processed to kill Vibrio Vulnificus and other bacteria? YES NO
8. Do you provide delivery services? YES NO
9. Do you have a dance floor? YES NO If Yes, square footage _____
10. Do you employ bouncers? YES NO
11. Do you sponsor/participate in any athletic or special event where coverage is needed? YES NO
12. Do you provide entertainment? If yes, explain: _____

Pool Tables	<input type="checkbox"/>	Indicate # of Tables	_____
Sat Dishes	<input type="checkbox"/>	Number of Games	<input type="checkbox"/>
Darts	<input type="checkbox"/>	Other (explain)	_____
Video Games	<input type="checkbox"/>		_____
13. Any other entertainment such as: _____
14. Days and hours of operation: Weekdays _____ Weekends _____
15. Burglar alarm that protects entire building: Central Station Local No Alarm
16. If this is a new building, is construction complete? YES NO If yes, Completion Date _____
17. Is building 100% protected by automatic sprinklers? YES NO
18. Is this risk presently in operation by insured? YES NO
19. Is this risk open for business at this time? YES NO If not, opening date _____
20. Is business seasonal? YES NO If yes, period of closing _____
21. Is trash removed from inside premises nightly? YES NO
23. Is system under a maintenance contract? YES NO If so, what is schedule? _____
24. Does insured have cleaning contract with outside professional cleaning contractor for periodic cleaning of all hoods, ducts, vents, fan motors, etc.? YES NO Schedule? _____
25. Age of Building _____ In what year were the following upgraded? Roof _____ Plumbing _____
A/C _____ Wiring _____
26. Is parking lot under insured's control? YES NO If so, the square footage? _____

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 insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied.)

Insured's Signature and Title

Date

Agent's Signature