

**GREATER NEW YORK INSURANCE GROUP  
SUPPLEMENTAL APPLICATION  
RESTAURANT/LIQUOR LIABILITY QUESTIONNAIRE**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Number of years in the restaurant business: \_\_\_\_\_

Number of years at present location: \_\_\_\_\_ Number of years as owner: \_\_\_\_\_

Business hours: \_\_\_\_\_ Number of days open/week: \_\_\_\_\_

Annual sales: \_\_\_\_\_ Food sales: \_\_\_\_\_ Liquor sales: \_\_\_\_\_

No. of employees: \_\_\_\_\_ Any off premises catering?  Yes  No

Sales derived from catering: \_\_\_\_\_ Any entertainment or dancing?  Yes  No

Does insured offer delivery? \_\_\_\_\_ What method? \_\_\_\_\_

Does a UL 300 approved automatic extinguishing system cover all cooking surfaces?  Yes  No

Are hood and ducts under QUARTERLY maintenance contract?  Yes  No

Name and address of maintenance firm: \_\_\_\_\_

Are hood and filters cleaned weekly by kitchen staff?  Yes  No

Is there a BC portable extinguisher available in the kitchen?  Yes  No

Is there an automatic fuel shutoff connected to the extinguishing system?  Yes  No

Is there manual pull station for the extinguishing system away from the cooking surface?  Yes  No

Is the automatic extinguishing system inspected at least semi-annual by a qualified, outside firm?

Yes  No

Name and address of maintenance firm: \_\_\_\_\_

Is the restaurant located more that 1000 feet from ocean front, river front or lake front?  Yes  No

Has the restaurant been cited for health violations in the last five years?  Yes  No

Any tableside cooking?  Yes  No Does restaurant have valet parking?  Yes  No

Burglar alarm:  Yes  No Type: \_\_\_\_\_ Mftr: \_\_\_\_\_

If Central Station is it UL certified?  Yes  No

Grade: \_\_\_\_\_ Extant: \_\_\_\_\_ Guard Response: \_\_\_\_\_

Safe?  Yes  No UL Classification \_\_\_\_\_ Is safe permanently affixed to structure \_\_\_\_\_

What is the maximum cash on hand? Day: \_\_\_\_\_ Night: \_\_\_\_\_ How often are deposits made? \_\_\_\_\_

Describe your process for making deposits: \_\_\_\_\_

Fire alarm:  Yes  No Type: \_\_\_\_\_ Mftr: \_\_\_\_\_

Sprinkler system:  Yes  No Date of last flow test: \_\_\_\_\_

## LIQUOR LIABILITY SUPPLEMENT

Applicant: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Limits Requested: \_\_\_\_\_

Length of time applicant has had license? \_\_\_\_\_ Name on License: \_\_\_\_\_

Type of liquor license:

- |   |   |
|---|---|
| <input type="checkbox"/> On sale beer/wine in public premises | <input type="checkbox"/> On sale general in public premises |
| <input type="checkbox"/> On sale beer/wine in eating place    | <input type="checkbox"/> On sale general in eating place    |
| <input type="checkbox"/> On sale/off sale                     | <input type="checkbox"/> Other: _____                       |

Has the liquor license ever been suspended or revoked?  Yes  No

If yes, provide details: \_\_\_\_\_

Has the insured been cited for law violations?  Yes  No

If yes, provide details: \_\_\_\_\_

Type of establishment:

- |                                      |                                       |                                       |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Restaurant  | <input type="checkbox"/> Country Club | <input type="checkbox"/> Dinner House |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Pizza Parlor | <input type="checkbox"/> Other: _____ |

Entertainment provided:

- |                                       |                                   |   |
|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> None         | <input type="checkbox"/> Band     | <input type="checkbox"/> Happy Hour Promotion |
| <input type="checkbox"/> Dancing      | <input type="checkbox"/> Juke Box | <input type="checkbox"/> Karaoke              |
| <input type="checkbox"/> Piano Player |                                   |   |

Is the owner/manager on premises at all times?  Yes  No

Have all servers completed a professional training course?  Yes  No

If yes, name of course completed: \_\_\_\_\_

Will all new employees who have not been certified be required to complete the training course?  Yes  No

Is there a written procedure in place for employees on how to address underage customers or customers who appear intoxicated?  Yes  No

Business hours: \_\_\_\_\_ Seating capacity: dining room: \_\_\_\_\_ lounge: \_\_\_\_\_

Number of bartenders: \_\_\_\_\_ Do you have a rental hall?  Yes  No

Annual liquor sales for the past three years: \_\_\_\_\_

Previous liquor liability insurer: \_\_\_\_\_

Any losses, claims or incidents within the past five years (whether insured or not)?  Yes  No

If yes, describe (include date and loss amount): \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_