

KINGSTONE INSURANCE COMPANY

COOKING/RESTAURANT SUPPLEMENT

Insured's Name: _____
 If corporation, list individuals or owners: _____

Mailing Address: _____

Location of Risk: _____

Risk is: Family Style Diner: Fast Food:

Telephone: _____ Contact Person: _____

Years in business: _____ # Years at this location: _____ Business Hours: _____ Business Days: _____

Loss Experience (Last 5 years): _____

ANNUAL GROSS RECEIPTS:

Last Year	Food: \$ _____	Liquor: \$ _____
Current Year	Food: \$ _____	Liquor: \$ _____
Next Year – Est.	Food: \$ _____	Liquor: \$ _____

Payroll: _____ # Seats: _____ Size: _____

Type and extent of cooking: _____

Any take out service provided? Yes No Take out percentage: _____ %

COOKING DEVICES Type	FUEL		COOKING DEVICES		EXTINGUISHER EQUIPPED	
	Gas	Electric	Under Hood	Not Hooded	Yes	No
Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Fryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broiler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range/Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COOKING PROTECTION EQUIPMENT:

Cleaning maintenance contract in place? YES NO With who? _____

Date the last cleaning was performed? _____ Last cleaning was performed by: Cleaning Company Employees

How often is cooking area cleaned? _____

How is cooking oil (if any) disposed of: _____

Construction: _____ Alarm? YES NO Type: _____

Sprinklered? YES NO # of Stories: _____ Age of building: _____

List any vacant areas: _____
 What are the other occupancies in the building? (if apartments, list number: _____

Adjacent Exposures	Left: _____	Distance: _____
	Right: _____	Distance: _____
	Rear: _____	Distance: _____

Present Company: _____

GENERAL INFORMATION

1. Is there any off-premises catering? YES NO
If yes, What is the % of Total Gross Sales? _____
2. Is business currently open and operating? YES NO
If no, explain: _____
3. Any renovations being performed? YES NO
If yes, explain what, duration: _____
4. What experience does the owner have with running this type of business? Explain.

5. Has the owner ever been involved in bankruptcy, foreclosure, business failure? YES NO
If yes, explain: _____
6. Does applicant offer a catering or delivery service? YES NO
If yes, explain: _____
- Do employees use their own vehicles? YES NO
7. Does applicant provide valet parking services? YES NO
8. Does the insured offer tableside cooking? YES NO
9. What preparation and sanitation procedures are followed to prevent foodborne illnesses? Explain.

10. How often are bank deposits made? _____
11. Is this a seasonal operation? YES NO
12. Any 'Happy Hour' or live entertainment? YES NO

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.

AGENCY NAME AND LOCATION:

Insured's
Signature: _____
Agent's
Signature: _____