

SURPLEX UNDERWRITERS, INC
RESTAURANT SUPPLEMENTAL (6/28/04)

Name of Establishment: _____
Address: _____
City: _____ State: _____ Zip _____

GENERAL BUSINESS INFORMATION

Is the insured currently in or about to file any type of bankruptcy? _____
Number of years in business? _____ At this location _____ As an Owner _____ Or as Manager _____
If new venture please describe or attach Insured's or Key personnels relevant experience. _____
Total receipts _____ Liquor Receipts _____
Are there tables? YES - NO , Is there table service provided? YES - NO
Is there a dance floor? YES - NO Square foot area _____
Does applicant have a liquor license? YES - NO, Written policy on serving alcohol? YES - NO
Does insured send any employees to any certified alcohol servers programs? _____
Is there a separate bar or lounge area? YES - NO How many seats at Bar _____ Restaurant _____
Hours of Operation _____ Age group of the majority of patrons _____
Is your Business seasonal? YES - NO Which Months of Operation _____
Is there Entertainment? YES - NO How many nights per week _____
Describe the type of Entertainment _____
Any Alcohol-Free nights/events? YES - NO Age group permitted _____
Are there any amusement devices? YES - NO Describe _____
Are there any Bouncer(s) or Security Guards YES - NO Are they armed? _____
Do you sponsor sports teams or events? YES - NO Describe _____
Is there a separate Banquet Room? YES - NO Number of functions per month _____
Describe the type of functions _____
Do you provide Catering? YES - NO Percentage of Sales _____

PROPERTY/GENERAL LIABILITY INFORMATION

Is the property within 1 mile of water? YES - NO Describe body of water _____
Is there a grill or fryolator in use? YES - NO Covered by ansul system YES - NO
Is there a inspection contract on ansul system YES - NO Frequency of Service _____
Is there a hood/duct cleaning contract? YES - NO Service Frequency _____
Is there emergency lighting? YES - NO Number of exits _____
Are all exits marked with signs? YES - NO What floor is restaurant on _____
Have you been cited by Board of Health? YES - NO Describe _____
Any apartments for rent in the building? YES - NO Number of apts _____
Are there any rooms for rent nightly? YES - NO Number of rooms _____
Do all apts/rooms have smoke alarms? YES - NO Number of exits per apt/room _____
Are there any pools at this location (whether or not a part of the insured's operation) YES - NO
details and description of pool(s) _____

LIQUOR LIABILITY INFORMATION

Liability limits requested: _____
Prior Carrier _____ limits _____ deductible _____ claims made/occurrence?
Losses past 3 yrs: _____

Insured signature _____ **Date** _____ **Agent** _____ **Date** _____