

**RESTAURANT PDQ  
 SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Date: \_\_\_\_\_  
 Insured: \_\_\_\_\_ Location: \_\_\_\_\_

**GENERAL INFORMATION**

Receipts: Total: \$ _____	Total Employees: FT _____ PT _____
Food: \$ _____	Bar Tenders: FT _____ PT _____
Liquor: \$ _____	Servers: FT _____ PT _____
Other: \$ _____	

Operating Hours: \_\_\_\_\_  
 Days: \_\_\_\_\_

Premises: Owned \_\_\_\_\_ Leased \_\_\_\_\_  
 Total Area: \_\_\_\_\_ sq. ft.  
 Area occupied by Insured: \_\_\_\_\_  
 Seating Capacity: \_\_\_\_\_

Are owners active in business? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Years of Experience: \_\_\_\_\_ Dance floor? Yes \_\_\_\_\_ No \_\_\_\_\_

Any entertainment provided? (If so, specify) \_\_\_\_\_

Any cooking done? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
 Cooking controls: Ansul system? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Service Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Frequency of service & cleaning: Ansul \_\_\_\_\_ Hoods/Ducts \_\_\_\_\_  
 Retailer visited & recommended risk? \_\_\_\_\_ (Submit if "no")  
 Any firearms on premises? Yes \_\_\_\_\_ No \_\_\_\_\_

**LIQUOR INFORMATION**

Is Liquor Liability to be quoted through Colony Insurance?  
**If Yes:**

- Advise type of training of Owners, Managers, Employees: \_\_\_\_\_
- Liquor License Held: Beer/Wine \_\_\_\_\_ Liquor \_\_\_\_\_ Both \_\_\_\_\_
- List and Describe all State Liquor Losses in Past Three Years. \_\_\_\_\_  
 \_\_\_\_\_ None
- List and Describe all State Liquor Violations in Past Three Years. \_\_\_\_\_  
 \_\_\_\_\_ None

**If No:**

- Advise Carrier, limits of coverage, effective dates, and policy number. \_\_\_\_\_  
 \_\_\_\_\_ No Coverage

**I hereby certify that all information is accurate to the best of my knowledge:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Producer: \_\_\_\_\_ Date: \_\_\_\_\_