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## Pizza/Restaurant Supplemental Application - Missouri

Business Name:	
Owner's Name:	Contact Name:
Mailing Address:	
Proposed Effective Date:	Years in Business:
Years restaurant management experience of owner/manager:	
FEIN#	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC
Type:	<input type="checkbox"/> Quick Service (no table service) <input type="checkbox"/> Cafeteria/Buffer <input type="checkbox"/> Casual Dining (table service) <input type="checkbox"/> Ice Cream/Beverage Shop <input type="checkbox"/> Upscale <input type="checkbox"/> Other _____

Do you own any other business operations/entities under the Name listed above?     Yes     No

If yes, explain: \_\_\_\_\_

Location 1: Address \_\_\_\_\_

Location 2: Address \_\_\_\_\_

Location 3: Address \_\_\_\_\_

*If more than 3 locations, please use page 3.*

	Location 1	Location 2	Location 3
Total Food Receipts			
Eat In Sales			
Carry Out Sales			
Delivery Sales			
Alcohol Sales			
Restaurant Hours			
Number of employees			
Seating Capacity			
Number of servers			

### General Operations

Yes    No

- Are deliveries made?     Residential     Business to business
- Delivery associated with catering operations only
- Delivery by employees?     Employee-owned autos     Employer-owned autos     Scooter/Moped/Bicycle  
 If Employer-owned, how are the vehicles titled and being used? \_\_\_\_\_
  
- Do you currently have a driver training course in place?
- Do you guarantee delivery time?  
 What is the minimum driver age? \_\_\_\_\_
- Is valet parking service provided?    If yes, by whom?     Applicant     Third Party
- Delivery by third party vendor(s)?
- If employees use their own vehicles on company business, does the Insured monitor evidence of personal auto insurance?
- Are hold harmless agreements in applicant's favor and Certificate of Insurance naming applicant as additional insured obtained for all independent contractors or vendors?    If no explain:  
 \_\_\_\_\_
- Do you provide off-site catering?    If yes, total receipts from catering: \$ \_\_\_\_\_  
 Catering services include:     Deliver only?     Deliver, set-up and serve?  
                                           Deliver and set up?     Serve alcohol?
- Are the applicant and all employees bonded for theft?

Are you interested in Employment Practices Liability?  Yes  No  
 \$100,000 Limit  \$1,000,000 Limit Retroactive Date \_\_\_\_\_

Money and Securities (Complete only for money and securities coverage)  N/A

- Yes No
- Does the insured maintain a cash register and records of daily receipts?
  - Are deposit records kept on premises?
  - Are daily bank deposits made? If no, how often are bank deposits made? \_\_\_\_\_
  - Is money stored in a class B safe or better while on premises?

Liquor Liability (if applicable)  N/A

- Yes No
- Is the Insured serving hard liquor?
  - Does the insured deliver alcohol?
  - Is there a stand-alone bar/cocktail lounge?
  - Is a food menu available during all hours of liquor service?
  - Has applicant had any reported liquor liability claims or notification of potential liquor liability claims in the last five years? If yes, explain: \_\_\_\_\_
  - Has the applicant had any fines, citations, or license suspensions or revocations for violations of liquor sales laws or ordinances? If yes, explain: \_\_\_\_\_
  - Are all servers certified in a formal alcohol training course (e.g., TIPS, TAM, RAMP, ServSafe, etc.)?
  - In addition to use of a certified alcohol training course, does applicant have a written policy for serving alcohol?
  - Does management review this written policy with servers on a regular basis?
  - Does applicant have any alcohol consumption promotions/happy hours? If yes, describe the promotions and how consumption quantities are controlled: \_\_\_\_\_
  - Does applicant provide entertainment, dancing, live bands, a DJ, or amusement devices? If yes, describe: \_\_\_\_\_
  - Does applicant use any on-site security or bouncers?

**Kitchen Facilities:**

Percentage of food receipts from grease laden cooking (deep fat frying/grilling) \_\_\_\_\_%

- Yes No
- Does an outside firm clean hoods and ducts?  
If yes, frequency of service:  Quarterly  Semi-Annually  Annually
  - Does a UL300 approved automatic extinguishing system cover all cooking surfaces?  
If no, explain exceptions:
  - Is there an automatic extinguishing system?
  - Is the system under a service maintenance contract by an outside firm?  
If yes, frequency of service:  Quarterly  Semi-Annually  Annually

How often are hood filters cleaned?  Daily  As needed, more frequently than weekly  
 Weekly  Less frequently than weekly

Does prospect have current coverage?  Yes  No

**Expiring Coverage Information:**

BOP	Exp. Date:	Premium:
Auto	Exp. Date:	Premium:

**Expiring Sales Information:**

Expiring Total Sales:	Expiring Delivery Sales:
Expiring Eat-In Sales:	Expiring Carry Out Sales:
Expiring Alcohol Sales:	

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach ACORD applications including driver list and minimum 5 years currently valued loss information for lines of business to be quoted.

Loc. ____	Address:					
Loc. ____	Address:					
Loc. ____	Address:					
Loc. ____	Address:					
Loc. ____	Address:					
		Location ____	Location ____	Location ____	Location ____	Location ____
<b>Total Food Receipts</b>						
Eat In Sales						
Carry Out Sales						
Delivery Sales						
Alcohol Sales						
Restaurant Hours:						
Number of employees:						
Number of servers						
Seating capacity:						

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Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.