



**C. COOKING SUPPLEMENT/KITCHEN FIRE PROTECTION**

1. Do all kitchen fire protection systems meet the standards contained in NFPA 96 Standards For The Installation Of Equipment For The Removal Of Smoke And Grease Laden Vapors From Combustible Cooking Equipment and UL 300 Standard For Safety For Fire Testing Of Fire Extinguishing Systems For Protection Of Restaurant Cooking Areas?  Yes  No
2. Hoods and Ducts
- a. Hoods and ducts over all cooking equipment?  Yes  No
- b. Do hoods have removable filters?  Yes  No
- c. Are filters cleaned regularly?  Yes  No  
By whom? \_\_\_\_\_ How often? \_\_\_\_\_
- e. Exhaust fans have:  Automatic cut-off  Manual cut-off
- f. Hood and ducts maintenance contract schedule?  Yes  No  
If yes, number of months: \_\_\_\_\_
- g. Adequate clearance between hoods, ducts, cooking equipment and combustible materials?  Yes  No
3. Private Protection
- a. Name of fixed automatic extinguishing system: \_\_\_\_\_  
Capacity: \_\_\_\_\_ lbs.
- b. Does above system cover all surfaces?  Yes  No
- c. Nozzles are in:  Hood only  Hood and Ducts
- d. Is system under maintenance contract?  Yes  No  
If yes, number of months: \_\_\_\_\_  
Name of Service Firm: \_\_\_\_\_
- e. Automatic gas or electric shut offs for cooking?  Yes  No
- f. BC Extinguisher available in kitchen?  Yes  No
4. Deep Fat Fryer
- a. No. of deep fat fryers: \_\_\_\_\_ Portable?  Yes  No
- b. Is fryer under hood?  Yes  No
- c. Brand name of fryer is: \_\_\_\_\_ Type  Gas  Electric
- d. Fuel supply cut-off is:  Automatic  Manual
5. What type of refrigerant is used? \_\_\_\_\_
6. Is a backup power source available?  Yes  No  
If yes, describe: \_\_\_\_\_

**D. GENERAL LIABILITY**

1. Receipts (Last 3 years):

	Food Receipts	Liquor Receipts	Total Receipts
20	\$	\$	\$
20	\$	\$	\$
20	\$	\$	\$

2. Square Footage: Total Building: \_\_\_\_\_ Apartments: \_\_\_\_\_  
Restaurant: \_\_\_\_\_ Number of apartments: \_\_\_\_\_

3. Is there off premises parking?  Yes  No  
If yes, list address: \_\_\_\_\_ Square Footage: \_\_\_\_\_

4. On or off premises catering/banquet?  Yes  No  
If yes, percent of total receipts: \_\_\_\_\_ Describe catering operation: \_\_\_\_\_

5. Lodging operation other than apartments?  Yes  No  
If yes, describe: \_\_\_\_\_

6. Any other on or off premises exposures not listed above?  Yes  No  
If yes, describe: \_\_\_\_\_

7. Adequate emergency exits provided, equipped with panic hardware?  Yes  No

8. Non-owned automobile?  Yes  No  
If yes, number of employees: \_\_\_\_\_

9. Valet parking?  Yes  No  
If yes, is garage keeper liability required?  Yes  No

10. Any deliveries?  Yes  No  
If yes, describe: \_\_\_\_\_

11. Does the location have exercise or playground equipment?  Yes  No

**E. LIQUOR LIABILITY**

1. Liquor License Number: \_\_\_\_\_ State: \_\_\_\_\_  
License type:  On Premises  Off Premises  Both  
License issued to Named Insured?  Yes  No  
If no, name on license: \_\_\_\_\_

2. Does applicant sell package goods?  Yes  No  
If yes, percent of liquor receipts: \_\_\_\_\_%

3. Number of servers: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Number of bartenders: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Average length of employment: \_\_\_\_\_

4. Are employees given liquor training?  Yes  No  
If yes, explain type (TIPS, TOPS, etc.), and how often required? \_\_\_\_\_

5. Does applicant have written policy on serving alcohol for employees and customers?  Yes  No  
Describe procedure in place regulating the sale of alcohol to minors and to those under the influence (drive home or cab policy, police assistance, etc.): \_\_\_\_\_

6. Is management notified prior to shutting off patrons?  Yes  No  
Is documentation kept on each incident?  Yes  No

7. Number of bars on premises: \_\_\_\_\_  
Is there a steady bar clientele?  Yes  No

8. Is there a happy hour or similar drink promotion?  Yes  No  
 If yes, provide details: \_\_\_\_\_
9. Is a last call given?  Yes  No  
 If yes, what time? \_\_\_\_\_
10. Are shots given?  Yes  No  
 Any shot specials?  Yes  No
11. Have there been any liquor board violations in the past 5 years?  Yes  No  
 If yes, when and why? \_\_\_\_\_
12. Have you had any occurrences that may give rise to claims?  Yes  No  
 If yes, please describe: \_\_\_\_\_

**F. REFRIGERATED FOOD**

1. How many rooms (coolers) does the applicant have holding product? \_\_\_\_\_  
 a. Average temperature alarms installed?  Yes  No      b. Centrally monitored?  Yes  No
2. Is any part of the electrical system greater than 30 years old?  Yes  No
3. Does applicant have an Electrical Preventive Maintenance Program (EPM) in place?  
 If yes, who performs the work? \_\_\_\_\_
4. Describe any contingency plan/emergency response plan for power outages or equipment failure:  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Are refrigeration system(s) under a formal service plan with OEM certified provider requiring at least annual maintenance?  Yes  No  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_

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**REMARKS:**