/ SUPPLEMENTAL APPLICATION

Restaurant, Bar & Tavern Supplemental

Food and beverage establishments, cooking, and liquor exposures.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

TYPE OF ESTABLISHMENT / DESCRIPTION OF OPERATIONS

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

OPERATIONS

ESTABLISHMENT SUBTYPE (FINE DINING, SPORTS BAR, NIGHTCLUB, BREW PUB, WINE BAR, ETC.)

FRANCHISED? (Y/N)

SEATING — INDOOR

SEATING — OUTDOOR / PATIO

SEATING — BAR

FIRE-MARSHAL LEGAL CAPACITY

TOTAL SQUARE FOOTAGE

MANAGERS

WAIT STAFF

BARTENDERS

COOKS / KITCHEN

SURROUNDING AREA (DOWNTOWN / STRIP / RESORT / INDUSTRIAL)

SEASONAL? (Y/N)

MONTHS OF OPERATION

DAYS OPEN / WEEK

LATEST CLOSING TIME

Hours of operation (open–close, by day)

MON

TUE

WED

THU

FRI

SAT

SUN

HOLIDAYS

DISTANCE TO NEAREST COLLEGE CAMPUS (MI)

CAMPUS NAME

Revenue — Five-Year History (by category)

REVENUE CATEGORY	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Food					
Beer / Wine / Liquor					
Cover / Door					
Tickets / Performers					
TOTAL					

% FOOD SALES

% ALCOHOL SALES

% PACKAGE / TO-GO LIQUOR

AVG CHECK PER PERSON $

CLIENTELE

% UNDER 16

% 16–20

% 21–25

% 26–30

% 31–40

% OVER 40

% COLLEGE STUDENTS

Predominant clientele (check all)

☐ Families ☐ Business / professional ☐ Tourists ☐ Local regulars

☐ College students ☐ Military ☐ Young singles / nightlife ☐ Mixed / general

MENU PRICING

AVG APPETIZER $

AVG ENTRÉE $

AVG DESSERT $

AVG MIXED DRINK $

LARGEST SINGLE SERVING (OZ)

ENTERTAINMENT & AMUSEMENT

Entertainment offered (check all)

- ☐ Live bands
- ☐ DJs
- ☐ Dancing / dance floor
- ☐ Karaoke
- ☐ Stand-up comedy
- ☐ Open-mic
- ☐ Jukebox
- ☐ Trivia / bingo
- ☐ Table-side music
- ☐ Concerts / ticketed shows
- ☐ Athletic / sporting events
- ☐ Mechanical rides / bull
- ☐ Video / arcade games
- ☐ Pool tables
- ☐ Outdoor games
- ☐ Table-side dancers
- ☐ None

MUSIC GENRE(S)

ENTERTAINMENT FREQUENCY (NIGHTS / WEEK)

COVER CHARGE $ (IF ANY)

1. Is there live entertainment, a DJ, or dancing on any night? ☐ YES ☐ NO

2. Are mosh pits, stage diving, or crowd surfing permitted? ☐ YES ☐ NO

3. Are any concerts or ticketed events promoted to the general public? ☐ YES ☐ NO

4. Are any amusement devices (mechanical bull, rock wall, boxing, inflatables) on premises? ☐ YES ☐ NO

IF YES, DESCRIBE DEVICE(S) AND HOW SUPERVISED

5. Is there a separate cover charge, VIP, or bottle-service program? ☐ YES ☐ NO

LIQUOR & RESPONSIBLE SERVICE

LIQUOR LICENSE NAME

LICENSE NUMBER

LICENSE EXPIRATION

CONSECUTIVE YEARS LICENSE HELD UNIMPAIRED

SERVERS / BARTENDERS TRAINED

SERVER TRAINING PROGRAM (TIPS / SERVSAFE)

6. Is alcohol served, sold, or furnished on premises? ☐ YES ☐ NO

7. Are all servers/bartenders certified in responsible alcohol service? ☐ YES ☐ NO

8. Is there a written policy to check IDs and refuse service to intoxicated or underage patrons? ☐ YES ☐ NO

9. Is an ID-scanning system used, and are scans/refusal incidents logged and retained? ☐ YES ☐ NO

10. Are happy hours offered? (note duration and whether after 9 pm below) ☐ YES ☐ NO

11. Are single servings larger than 24 oz, pitchers, all-you-can-drink, or multiple drinks at last call offered? ☐ YES ☐ NO

IF YES, DESCRIBE

12. Is bottle service, BYOB, or setups permitted? ☐ YES ☐ NO

13. Are employees permitted to consume alcohol while on shift? ☐ YES ☐ NO

14. Is third-party transportation (taxi / rideshare) arranged for over-served or intoxicated patrons? ☐ YES ☐ NO

15. Within the last 5 years, any liquor-law citation, fine, or license suspension/revocation? ☐ YES ☐ NO

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

COOKING & FIRE PROTECTION

Cooking equipment present

- ☐ Deep fryer
- ☐ Flat-top / grill
- ☐ Char-broiler
- ☐ Range / stove
- ☐ Oven
- ☐ Pizza oven
- ☐ Wok
- ☐ Solid-fuel / wood
- ☐ Smoker
- ☐ Microwave only
- ☐ No cooking

16. Are all cooking appliances under a commercial exhaust hood with grease-extracting filters vented outside? ☐ YES ☐ NO

17. Is the hood/duct protected by a UL-300 automatic extinguishing system serviced semi-annually? ☐ YES ☐ NO

18. Is the hood and duct system professionally cleaned on a regular (documented) schedule? ☐ YES ☐ NO

19. Is there at least 18 inches of clearance between appliances and combustible materials? ☐ YES ☐ NO

20. Is an automatic fuel/power shutoff tied to the suppression system? ☐ YES ☐ NO

21. Is a Class K (or 40-BC) portable extinguisher in the kitchen and serviced annually? ☐ YES ☐ NO

SMOKING, TOBACCO & VALET

% OF PATRONS WHO SMOKE

VALET PARKING? (Y/N)

22. Is there a hookah lounge, cigar bar, or indoor smoking area on premises? ☐ YES ☐ NO

23. Does the establishment sell or provide tobacco or non-tobacco smoking products? ☐ YES ☐ NO

24. Is valet parking offered? ☐ YES ☐ NO

IF YES, IS IT PERFORMED BY EMPLOYEES OR A THIRD PARTY, AND IS THE VALET/THIRD PARTY INSURED?

LIFE SAFETY & SECURITY

MARKED EXITS

% OF BUILDING SPRINKLERED

DAYS VIDEO SURVEILLANCE RETAINED

SECURITY TYPE (NONE / UNARMED / ARMED)

25. Is the building fully sprinklered with central-station monitoring? ☐ YES ☐ NO

26. Are the premises well-lit, inside and out, during all hours of operation? ☐ YES ☐ NO

27. Are menu items containing raw or undercooked ingredients marked with a consumer advisory? ☐ YES ☐ NO

28. Is any construction, remodeling, or expansion planned in the next 12 months? ☐ YES ☐ NO

IF YES, DESCRIBE SCOPE AND TIMING

29. Are there at least two means of egress, with marked, unobstructed exits and panic hardware? ☐ YES ☐ NO

30. Is emergency / exit lighting installed and tested? ☐ YES ☐ NO

31. Is a written evacuation/emergency plan posted and staff trained (incl. CPR/Heimlich)? ☐ YES ☐ NO

32. Is licensed security or door staff used? (note armed/unarmed and inside/outside) ☐ YES ☐ NO

33. If security is contracted, is a written agreement with hold-harmless / additional-insured and a COI obtained? ☐ YES ☐ NO

34. Are background checks and use-of-force/de-escalation training performed for security staff? ☐ YES ☐ NO

35. Are firearms or weapons carried or stored on premises? ☐ YES ☐ NO

36. Is there a written procedure for handling violent or disruptive patrons, and are incidents documented? ☐ YES ☐ NO

37. Within 3 years, any assault & battery, fight, shooting, or police calls for disturbances at the premises? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

COVERAGE REQUESTED

GL EACH-OCCURRENCE

GL AGGREGATE

LIQUOR LIABILITY LIMIT

ASSAULT & BATTERY (INCL. / EXCL. / SUBLIMIT)

PROPERTY TIV $

PROPERTY DEDUCTIBLE

HIRED/NON-OWNED AUTO (DELIVERY)

REQUESTED EFFECTIVE DATE

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

38. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

39. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

40. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

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 subjects such person to criminal and civil penalties (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #