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RESTAURANT APPLICATION

APPLICANT INFORMATION

BUSINESS NAME:	YRS IN BUSINESS AS:
PROPRIETOR NAME (S):	YRS EXPERIENCE::
MAILING ADDRESS:	WEBSITE:
CLASSIFICATION (Circle one): 1.FINE DINING 2.FAMILY RESTAURANT 3.FAST FOOD 4.BAR/TAVERN 5.NIGHTCLUB	POLICY TERM: EFF. _____ EXP. _____

LOCATIONS TO BE INSURED

LOC.	STREET, CITY, STATE, ZIP CODE	TOTAL AREA	% OCCUPIED	OTHER OCCUPANTS

DETAILS OF OPERATION

HOURS OF OPERATION-	Weekend:	Midweek:
SEATING CAPACITY-	Dining Area:	Lounge/ Bar:
STAFF-	Waitpersons:	Bartenders: Kitchen:
AVERAGE MEAL PRICE-	Lunch:	Dinner:
AVERAGE AGE OF CLIENTELE	Under 30	30 - 50 YRS OVER 50

CURRENT CARRIER INFORMATION

	PROPERTY	GENERAL LIABILITY	LIQUOR LIABILITY	UMBRELLA
CARRIER				
TIV / LIMIT				
DEDUCTIBLE				
PREMIUM				

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS

CHECK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____



RESTAURANT APPLICATION

*Signing this application does not bind the applicant or the company to complete the insurance.

PROPERTY INFORMATION

	LOCATION 1	LOCATION 2	LOCATION 3
BUILDING LIMIT			
BUSINESS PERS. PROPERTY			
BUSINESS INCOME			
SPOILAGE			
OTHER: _____			

CONSTRUCTION			
YEAR BUILT			
FIRE PROTECTION			
BURGLARY PROTECTION			
UPDATES			

ADDITIONAL INFORMATION

	YES	NO
1. Do automatic extinguishing systems protect all hoods, ducts and deep fat fryers?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are extinguishing systems inspected on a regular basis? If yes, how often:	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the ducts and hoods cleaned regularly by an outside contractor? If yes, provide the name of the contractor and frequency of service:	<input type="checkbox"/>	<input type="checkbox"/>
4. Are manually operated fire extinguishers located near flammable areas? If yes, when were they most recently tagged:	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the building located within 1,000 feet of bay, sea or gulf coast ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the applicant provide live entertainment If yes, are pyrotechnics or flammables used in any entertainment acts:	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the roof in good condition and free of any known leaks? If yes, when was the roof last replaced:	<input type="checkbox"/>	<input type="checkbox"/>
8. What is the distance to the nearest fire department?		
9. Type of fire department?		
10. What is the distance to the nearest hydrant or water supply?		
11. Is smoking permitted on the premises? If yes, is it confined to designated areas:		



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GENERAL LIABILITY INFORMATION

	FOOD	LIQUOR	CATERING	ENTERTAINMENT	TOTAL
LOC #1					
LOC #2					
LOC #3					

If there are Catering receipts, what percentage is associated with cash or open bars: _____

If there are Entertainment receipts, what percentage is associated with:

Video Games: _____ Pool/Game Tables: _____

Cover Charge: _____ Special Events: _____

If any Special Events, please describe: _____

Is there a dance floor on the premises? YES NO If yes please provide square footage _____

Does your Liquor Liability carrier provide Assault & Battery coverage?

Have there ever been any Assault & Battery incidents reported in the past five years? YES NO

If yes please describe: _____

Is there a Playground or similar recreational activities at the insured premises? YES NO

If yes, please describe: _____

Any Sports teams sponsored? YES NO

If yes, please describe: _____

Please describe the applicants procedures for preventing serving alcohol to minors: _____

Please describe the procedures in place to address intoxicated patrons: _____

Is there more than one means of egress from the premises? YES NO

Are the means of egress clearly marked and kept unlocked during business hours? YES NO