

- NORTH POINTE INSURANCE COMPANY
 NORTH POINTE CASUALTY INSURANCE COMPANY

RESTAURANT PROGRAM APPLICATION

AGENCY _____ ADDRESS _____

PROPOSED EFF. DATE _____ TO _____ PAYMENT PLAN _____ DEPOSIT PREMIUM ENCLOSED \$ _____

QUOTE BOUND & ISSUE RENEW CHANGE POLICY NUMBER: (Existing or Expiring) _____

| | | |
|----------------------------------|--------------------------------------|---|
| APPLICANT _____ | <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE |
| MAILING ADDRESS _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY CORP |
| CITY _____ STATE _____ ZIP _____ | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> SUBCHAPTER "S" CORP |
| E-MAIL ADDRESS _____ | WEBSITE ADDRESS _____ | |
| INSPECTION CONTACT _____ | PHONE _____ | CELL _____ |
| ACCOUNTING RECORDS CONTACT _____ | PHONE _____ | |

LOCATION OF APPLICANT'S PREMISES

| LOC | PREMISES ADDRESS | APPLICANT'S USE OF PREMISES (Office, Retail, Warehouse, etc.) | AREA (Sq. Ft.) |
|-----|------------------|--|-------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

DESCRIPTION OF BUSINESS OPERATIONS

Describe business operations:

| | |
|---|--|
| 1. Number of Years operating at the above location(s): _____ | 7. Days of week open for business: _____ |
| 2. Number of Years experience in this type of work: _____ | 8. Hours of operation: _____ |
| 3. Currently open for business? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Annual Gross Receipts: \$ _____ Alcoholic Beverage _____ % |
| 4. If no, when is opening anticipated? _____ | 10. Number of Employees: Full Time _____ Part Time _____ |
| 5. Business operation is: <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal | 11. Is this a franchise operation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. If seasonal, Dates Closed: _____ | 12. Any habitational occupancy of insured premises? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Has owner/manager ever been involved in foreclosure, bankruptcy proceedings or business failure? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

GENERAL INFORMATION

| Explain all "yes" responses | YES | NO | | YES | NO |
|--|-----|----|--|-----|----|
| 1. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? | | | 3. Any bankruptcies, tax or credit liens against the applicant in the past 5 years? | | |
| 2. During the last five years, has any applicant been convicted of any degree of the crime of arson? | | | 4. Do you have any other operations or do you own, lease or rent property not described in this application? | | |

NOTICE OF INSURANCE INFORMATION PRACTICES

IN CONNECTION WITH THIS APPLICATION, THIS INSURANCE COMPANY MAY GATHER PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT. ANY INFORMATION COLLECTED BY US MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOUR PERSONAL INFORMATION WILL BE MADE AVAILABLE TO YOU UPON REQUEST AND ANY INACCURACIES WILL BE CORRECTED. YOU MAY ALSO REQUEST A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

LOSS HISTORY

Enter all claims or losses (whether or not insured against) or occurrences that may give rise to claims for the prior 5 years. Check if none See attached loss descriptions

| Date of Occurrence | Line | Description of Occurrence | Date Claim Made | Amount Paid | Amount Reserved | Status (Open/Closed) |
|--------------------|------|---------------------------|-----------------|-------------|-----------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

PRIOR CARRIER INFORMATION

| LINE | CATEGORY | LATEST YEAR | FIRST PRIOR YEAR | SECOND PRIOR YEAR | THIRD PRIOR YEAR | FOURTH PRIOR YEAR |
|-------------------|---------------|-------------|------------------|-------------------|------------------|-------------------|
| GENERAL LIABILITY | CARRIER | | | | | |
| | POLICY NUMBER | | | | | |
| | EFF/EXP DATES | | | | | |
| | LIMITS | | | | | |
| | PREMIUM | | | | | |
| PROPERTY | CARRIER | | | | | |
| | POLICY NUMBER | | | | | |
| | EFF/EXP DATES | | | | | |
| | LIMITS | | | | | |
| | PREMIUM | | | | | |
| AUTOMOBILE | CARRIER | | | | | |
| | POLICY NUMBER | | | | | |
| | EFF/EXP DATES | | | | | |
| | LIMITS | | | | | |
| | PREMIUM | | | | | |
| INLAND MARINE | CARRIER | | | | | |
| | POLICY NUMBER | | | | | |
| | EFF/EXP DATES | | | | | |
| | LIMITS | | | | | |
| | PREMIUM | | | | | |
| CRIME | CARRIER | | | | | |
| | POLICY NUMBER | | | | | |
| | EFF/EXP DATES | | | | | |
| | LIMITS | | | | | |
| | PREMIUM | | | | | |

FRAUD NOTICE – ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION FOR INSURANCE OR FILES A CLAIM CONTAINING ANY FALSE OR DECEPTIVE STATEMENT OR WHO CONCEALS ANY FACT MATERIAL TO INSURANCE FOR THE PURPOSE OF MISLEADING IS GUILTY OF INSURANCE FRAUD. SUCH ACTIONS ARE A CRIME AND VIOLATORS ARE SUBJECT TO CRIMINAL AND CIVIL PENALTIES. IN SOME STATES, INSURANCE BENEFITS MAY ALSO BE DENIED.

INSURED'S STATEMENT – I do hereby represent the statements and answers indicated on this application to be the truth, to the best of my knowledge, and I have not withheld any information with the intent to influence the judgment of the insurance company in considering this application for insurance or in determining the premium for this insurance. I understand that the signing of this application does not bind the insurance company to provide the insurance.

Applicant Signature _____ Date _____ Producer Signature _____ Producer License Number _____

COMMERCIAL GENERAL LIABILITY SECTION

| COVERAGE (Occurrence Form) | LIMITS |
|---|--------|
| General Aggregate | \$ |
| Products & Completed Operations Aggregate | \$ |
| Personal & Advertising Injury | \$ |
| Each Occurrence | \$ |
| Damage To Premises Rented To You | \$ |
| Medical Expense (Any one person) | \$ |

| PROPERTY DAMAGE DEDUCTIBLE (Optional) | | |
|---------------------------------------|------------------------------------|---|
| \$ | <input type="checkbox"/> Per Claim | <input type="checkbox"/> Per Occurrence |

| EMPLOYEE BENEFITS COVERAGE (Claims Made Form) | | |
|---|----------|------------|
| Limits: | \$ | Each Claim |
| | \$ | Aggregate |
| Deductible: | \$ 1,000 | Per Claim |

SCHEDULE OF GENERAL LIABILITY EXPOSURES

| LOC # | TERR | CLASSIFICATION | CLASS CODE | PREMIUM BASIS * | EXPOSURE |
|-------|------|----------------|------------|-----------------|----------|
| | | | | | |

* Premium Basis: (P) Payroll (per \$1,000) (C) Total Cost (per \$1,000) (S) Gross Sales (per \$1,000) (U) Unit (Each) (A) Area (per 1,000)

ADDITIONAL GENERAL LIABILITY INTERESTS

| Name | Address | Interest or Form |
|------|---------|------------------|
| | | |

LIQUOR LIABILITY SECTION (Complete only if coverage is desired)

(Not available in all states; refer to Company Underwriting Guide.)

| EACH COMMON CAUSE LIMIT \$ | | AGGREGATE LIMIT \$ | | |
|----------------------------|----------------|--------------------|------------------------------|----------|
| LOC # | CLASSIFICATION | CODE # | EXPOSURE BASE | EXPOSURE |
| | | | Sales of alcoholic beverages | \$ |

EMPLOYEE BENEFITS UNDERWRITING

| (Submit explanation for "no" responses on 1, 2 & 4.) | | | (Submit explanation for "yes" response on 5.) | | |
|--|----|-----------------|---|-----|----|
| Yes | No | Yes | No | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| 6. Total Number of Employees: | | 9. EXPLANATION: | | | |
| 7. Number of Employees Covered: | | | | | |
| 8. Retroactive Date: | | | | | |

BUSINESS HISTORY:

| | | Yes | No | |
|---|--|-----|----|---|
| 1. Any operations sold, acquired or discontinued in the last 5 years? | | | | 6. Describe any products other than food and beverage sold: |
| 2. Is applicant a subsidiary of another entity? | | | | |
| 3. Does applicant have any subsidiaries? | | | | |
| 4. Any history of rowdiness or fights? | | | | |
| 5. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? | | | | 7. Sales History: Complete Sales History By Location on Page 4 |

SALES HISTORY & CUSTOMER BASE BY LOCATION

SALES HISTORY

CUSTOMER BASE

| LOCATION #: | | | | |
|---------------------------|--------------------------|-----------|------------|--|
| | (Projected) This year | Last Year | Year Prior | |
| Food Sales | \$ | \$ | \$ | 1. Type of Business: <input type="checkbox"/> Family Style <input type="checkbox"/> Fine Dining <input type="checkbox"/> Buffet <input type="checkbox"/> Diner <input type="checkbox"/> Fast Food <input type="checkbox"/> Take-Out <input type="checkbox"/> Microbrewery |
| Beer, Wine & Liquor Sales | \$ | \$ | \$ | 2. Clientele Type: <input type="checkbox"/> Families <input type="checkbox"/> College <input type="checkbox"/> Business <input type="checkbox"/> Locals <input type="checkbox"/> Tourists <input type="checkbox"/> Other Transients |
| Other Products | \$ | \$ | \$ | 3. Locality of premises: <input type="checkbox"/> Com'l/Retail <input type="checkbox"/> Residential/Com'l <input type="checkbox"/> Downtown <input type="checkbox"/> Office/Business Ctr <input type="checkbox"/> Hwy Intersection |
| Take-Out | % | % | % | <input type="checkbox"/> Ind'l/Whse <input type="checkbox"/> College <input type="checkbox"/> Tourist <input type="checkbox"/> Resort <input type="checkbox"/> Rural |
| Catering | % | % | % | 4. Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Delivery | % | % | % | 5. Type of parking lot surface: (Concrete, asphalt, gravel, dirt, composition) |

| LOCATION #: | | | | |
|---------------------------|--------------------------|-----------|------------|--|
| | (Projected) This year | Last Year | Year Prior | |
| Food Sales | \$ | \$ | \$ | 1. Type of Business: <input type="checkbox"/> Family Style <input type="checkbox"/> Fine Dining <input type="checkbox"/> Buffet <input type="checkbox"/> Diner <input type="checkbox"/> Fast Food <input type="checkbox"/> Take-Out <input type="checkbox"/> Microbrewery |
| Beer, Wine & Liquor Sales | \$ | \$ | \$ | 2. Clientele Type: <input type="checkbox"/> Families <input type="checkbox"/> College <input type="checkbox"/> Business <input type="checkbox"/> Locals <input type="checkbox"/> Tourists <input type="checkbox"/> Other Transients |
| Other Products | \$ | \$ | \$ | 3. Locality of premises: <input type="checkbox"/> Com'l/Retail <input type="checkbox"/> Residential/Com'l <input type="checkbox"/> Downtown <input type="checkbox"/> Office/Business Ctr <input type="checkbox"/> Hwy Intersection |
| Take-Out | % | % | % | <input type="checkbox"/> Ind'l/Whse <input type="checkbox"/> College <input type="checkbox"/> Tourist <input type="checkbox"/> Resort <input type="checkbox"/> Rural |
| Catering | % | % | % | 4. Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Delivery | % | % | % | 5. Type of parking lot surface: (Concrete, asphalt, gravel, dirt, composition) |

| LOCATION #: | | | | |
|---------------------------|--------------------------|-----------|------------|--|
| | (Projected) This year | Last Year | Year Prior | |
| Food Sales | \$ | \$ | \$ | 1. Type of Business: <input type="checkbox"/> Family Style <input type="checkbox"/> Fine Dining <input type="checkbox"/> Buffet <input type="checkbox"/> Diner <input type="checkbox"/> Fast Food <input type="checkbox"/> Take-Out <input type="checkbox"/> Microbrewery |
| Beer, Wine & Liquor Sales | \$ | \$ | \$ | 2. Clientele Type: <input type="checkbox"/> Families <input type="checkbox"/> College <input type="checkbox"/> Business <input type="checkbox"/> Locals <input type="checkbox"/> Tourists <input type="checkbox"/> Other Transients |
| Other Products | \$ | \$ | \$ | 3. Locality of premises: <input type="checkbox"/> Com'l/Retail <input type="checkbox"/> Residential/Com'l <input type="checkbox"/> Downtown <input type="checkbox"/> Office/Business Ctr <input type="checkbox"/> Hwy Intersection |
| Take-Out | % | % | % | <input type="checkbox"/> Ind'l/Whse <input type="checkbox"/> College <input type="checkbox"/> Tourist <input type="checkbox"/> Resort <input type="checkbox"/> Rural |
| Catering | % | % | % | 4. Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Delivery | % | % | % | 5. Type of parking lot surface: (Concrete, asphalt, gravel, dirt, composition) |

| LOCATION #: | | | | |
|---------------------------|--------------------------|-----------|------------|--|
| | (Projected) This year | Last Year | Year Prior | |
| Food Sales | \$ | \$ | \$ | 1. Type of Business: <input type="checkbox"/> Family Style <input type="checkbox"/> Fine Dining <input type="checkbox"/> Buffet <input type="checkbox"/> Diner <input type="checkbox"/> Fast Food <input type="checkbox"/> Take-Out <input type="checkbox"/> Microbrewery |
| Beer, Wine & Liquor Sales | \$ | \$ | \$ | 2. Clientele Type: <input type="checkbox"/> Families <input type="checkbox"/> College <input type="checkbox"/> Business <input type="checkbox"/> Locals <input type="checkbox"/> Tourists <input type="checkbox"/> Other Transients |
| Other Products | \$ | \$ | \$ | 3. Locality of premises: <input type="checkbox"/> Com'l/Retail <input type="checkbox"/> Residential/Com'l <input type="checkbox"/> Downtown <input type="checkbox"/> Office/Business Ctr <input type="checkbox"/> Hwy Intersection |
| Take-Out | % | % | % | <input type="checkbox"/> Ind'l/Whse <input type="checkbox"/> College <input type="checkbox"/> Tourist <input type="checkbox"/> Resort <input type="checkbox"/> Rural |
| Catering | % | % | % | 4. Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Delivery | % | % | % | 5. Type of parking lot surface: (Concrete, asphalt, gravel, dirt, composition) |

| LOCATION #: | | | | |
|---------------------------|--------------------------|-----------|------------|--|
| | (Projected) This year | Last Year | Year Prior | |
| Food Sales | \$ | \$ | \$ | 1. Type of Business: <input type="checkbox"/> Family Style <input type="checkbox"/> Fine Dining <input type="checkbox"/> Buffet <input type="checkbox"/> Diner <input type="checkbox"/> Fast Food <input type="checkbox"/> Take-Out <input type="checkbox"/> Microbrewery |
| Beer, Wine & Liquor Sales | \$ | \$ | \$ | 2. Clientele Type: <input type="checkbox"/> Families <input type="checkbox"/> College <input type="checkbox"/> Business <input type="checkbox"/> Locals <input type="checkbox"/> Tourists <input type="checkbox"/> Other Transients |
| Other Products | \$ | \$ | \$ | 3. Locality of premises: <input type="checkbox"/> Com'l/Retail <input type="checkbox"/> Residential/Com'l <input type="checkbox"/> Downtown <input type="checkbox"/> Office/Business Ctr <input type="checkbox"/> Hwy Intersection |
| Take-Out | % | % | % | <input type="checkbox"/> Ind'l/Whse <input type="checkbox"/> College <input type="checkbox"/> Tourist <input type="checkbox"/> Resort <input type="checkbox"/> Rural |
| Catering | % | % | % | 4. Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Delivery | % | % | % | 5. Type of parking lot surface: (Concrete, asphalt, gravel, dirt, composition) |

GENERAL UNDERWRITING

| OPERATIONS | KITCHEN FIRE PROTECTION |
|--|--|
| 1. Raw Sushi served? <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Are all cooking surfaces and deep fryers under an approved metal exhaust hood? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Raw Oysters served? <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Is there a written contract for commercial cleaning of the exhaust hood, ductwork and filters at least every 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Steak Tartar served? <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Are all cooking surfaces and deep fryers protected by an automatic extinguishing system meeting UL-300 requirements ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Any tableside cooking: <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Is automatic extinguishing system serviced under a written maintenance contract at least every 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Any off-premises catering done? <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Are exhaust filters cleaned by employees or replaced at least weekly: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Any delivery done? <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Are there automatic gas or electric fuel shut-offs for the cooking appliances? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Any other off-premises operations? <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Can the fuel shut-offs be manually pulled? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is business located within another business facility (i.e. – an airport, bowling center, skating rink, retail store, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Are there portable type K fire extinguishers mounted on the kitchen wall in easily accessible places? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Any watercraft or floats owned, hired or leased? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Do deep fryers have high temperature cut-offs? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Is premises on any dock, pier, or beach? <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Are grease drip pans/trays emptied daily? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Does insured promote Happy Hour, Ladies Night or Wet T-Shirt Nights? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Is there at least 18 inches between hoods, ducts, cooking equipment and combustible materials? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Does insured have Doormen? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Is the cooking done on open pits or hearths? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Does insured have Bouncers or Security Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Is the cooking done on open flame grills? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Is dancing permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15. Is any live entertainment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. Are customers permitted to actively participate in any form of entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. Are any fireworks displays allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18. How many of each of the following amusement devices are there? ___ Pool/Billiard/Snook ___ Dart Boards ___ Children's rides of any kind ___ Movie Screens ___ Playrooms or playgrounds ___ Mechanical Bulls ___ Video Game Machines ___ Stage Plays ___ Gambling Machines ___ Volley Ball Courts ___ Other Types of Machines (Describe) _____ | |
| 19. Are there any firearms on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. Any structural alterations contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21. Any demolition exposure contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

LIQUOR LIABILITY UNDERWRITING (Complete only if coverage is desired)

(Coverage not available in all states; refer to Company Underwriting Guide.)

| | |
|--|--|
| <p>1. Name on Liquor License: _____ Type of license: _____</p> <p>2. Number of years owner/manager has operated a licensed establishment selling alcoholic beverages? _____</p> <p>3. Within the past 5 years, has facility or any employees been cited for violations of any law or ordinance related to the sales of alcohol or any illegal activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Any assault & battery claims in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Has owner/manager been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Has owner or manager ever had their liquor license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Any liquor liability claims or incidents that might give rise to a claim within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Are all alcohol-serving employees certified in a Formal Alcohol Training Course? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of course (TIPS, TOPS, etc.): _____</p> <p>9. Do employees consume alcohol on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Is security provided inside premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Is security provided outside premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Is security provided by Doormen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Is security provided by? Bouncers <input type="checkbox"/> Yes <input type="checkbox"/> No Private Security Firm <input type="checkbox"/> Yes <input type="checkbox"/> No Off Duty Police <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>14. Is this establishment named as an additional insured on the security firm's general liability policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Is security armed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Are ID's checked on young people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Procedures for handling intoxicated patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____</p> <p>18. Do you offer free rides home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Do you offer to call a taxi? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Are facilities frequented by a college crowd? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Is there a separate bar or lounge at any location? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Is there a minimum or cover charge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Any special drink promotions? <input type="checkbox"/> Yes <input type="checkbox"/> No (2 for 1, happy hour, etc.)</p> <p>24. Are complementary drinks offered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Are "BYOB" permitted or "setups" provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Are any flaming drinks served? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Any alcohol sold thru a drive-thru? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Is there a last call for drinks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Is establishment open after midnight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Are restrooms on same floor level as bar/lounge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>31. Are handrails provided on all accessible stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Are all steps even, unobstructed, lighted and covered with a non-slip surface? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|--|

PROPERTY SECTION (Complete only if coverage is desired)

| Premises #: 1 | Building #: 1 | | Building Description: | | | | |
|---|---------------|---------|-----------------------|----------------|-----------|-----|----------------------|
| Subject | Limit | Coins % | RC / ACV | Causes of Loss | Infl Gd % | Ded | Forms and Conditions |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| <input type="checkbox"/> Restaurant Pac Endorsement | | | | | | | NP 01 53 |

| Premises #: | Building #: | | Building Description: | | | | |
|-------------|-------------|---------|-----------------------|----------------|-----------|-----|----------------------|
| Subject | Limit | Coins % | RC / ACV | Causes of Loss | Infl Gd % | Ded | Forms and Conditions |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Premises #: | Building #: | | Building Description: | | | | |
|-------------|-------------|---------|-----------------------|----------------|-----------|-----|----------------------|
| Subject | Limit | Coins % | RC / ACV | Causes of Loss | Infl Gd % | Ded | Forms and Conditions |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Premises #: | Building #: | | Building Description: | | | | |
|-------------|-------------|---------|-----------------------|----------------|-----------|-----|----------------------|
| Subject | Limit | Coins % | RC / ACV | Causes of Loss | Infl Gd % | Ded | Forms and Conditions |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Premises #: | Building #: | | Building Description: | | | | |
|-------------|-------------|---------|-----------------------|----------------|-----------|-----|----------------------|
| Subject | Limit | Coins % | RC / ACV | Causes of Loss | Infl Gd % | Ded | Forms and Conditions |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| BUILDING FEATURES | Premises # | Premises # | Premises # | Premises # | Premises # |
|---|------------|------------|------------|------------|------------|
| 1. Construction Type: | | | | | |
| 2. Year Constructed: | | | | | |
| 3. Number of Stories: | | | | | |
| 4. Total Area (Sq Ft) | | | | | |
| 5. Year Following Updated - Roofing: | | | | | |
| Wiring: | | | | | |
| Plumbing: | | | | | |
| A/C & Heating: | | | | | |
| 6. Roof Style (Shape): | | | | | |
| 7. Roof Covering (Materials): | | | | | |
| 8. Protection Class: | | | | | |
| 9. Fire District Code: | | | | | |
| 10. Burglar Alarm Type: | | | | | |
| 11. Premises Fire Protection: | | | | | |

ADDITIONAL PROPERTY INTERESTS

| NAME | ADDRESS | PREM # | BLDG # | INTEREST IN |
|------|---------|--------|--------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CRIME SECTION (Complete only if coverage is desired)

| Coverage | Deductible | Limit | Option | | | | |
|--|------------|--------|--|-------|-------|-------|-------|
| Employee Theft (Blanket) | | | <input type="checkbox"/> ERISA Employee Theft (Welfare and Pension Plan Rider) | | | | |
| Forgery Or Alteration | | | | | | | |
| Coverage | Ded | Limit: | Loc # | Loc # | Loc # | Loc # | Loc # |
| Inside Premises – Theft of Money & Securities | | | | | | | |
| Inside Premises – Robbery Or Safe Burglary of Money & Securities | | | | | | | |
| Outside The Premises – Loss Of Money & Securities Or Robbery Of Other Property | | | | | | | |
| Money Orders And Counterfeit Paper | | | | | | | |

CONTROLS AND PROCEDURES

| Explain All "Yes" Answers | Yes | No | Audit Procedures |
|---|-----|----|--|
| 1. Are volunteers used? | | | 10. Are all locations audited? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Any employees been declined for crime coverage by any insurer? | | | 11. Name and address of person or firm performing audit? |
| 3. Are bank accounts reconciled by someone not authorized to deposit or withdraw? | | | |
| 4. Is countersignature of checks required? | | | |
| 5. Are investments handled by a licensed securities firm? | | | 12. Audit Frequency (Monthly, Quarterly, Annually, etc.) |
| 6. Are references checked on new employees hired? | | | 13. Date of last audit of cash & accounts? |
| 7. Is there an audit by a CPA or Public Accountant? | | | 14. Date of last audit of inventory? |
| 8. Does audit include inventory? | | | 15. To whom are audit reports sent? |
| 9. Were any discrepancies or careless practices noted in the last audit? | | | 16. If countersignature of checks is not required, what controls are in place for check writing? |

EXPOSURES (Enter the maximum exposures for each category.)

| | Premises # | Premises # | Premises # | Premises # | Premises # |
|--|------------|------------|------------|------------|------------|
| Inside - Money | \$ | \$ | \$ | \$ | \$ |
| Inside - Checks (for deposit, accounts payable or payroll) | \$ | \$ | \$ | \$ | \$ |
| Inside – while premises are closed for business | \$ | \$ | \$ | \$ | \$ |
| Each messenger | \$ | \$ | \$ | \$ | \$ |
| 1. Type of safe or vault (burglary resistance rating) | | | | | |
| 2. Alarm Type (Local, central) | | | | | |
| 3. Enter the Number of messengers by location | | | | | |
| 4. Private Pick-Up Service Used? (Yes or No) | | | | | |

INLAND MARINE SECTION (Complete only if coverage is desired)

| SIGNS | | | | | |
|---|--------|--------|--|---|--------------------|
| PREM # | BLDG # | ITEM # | INSIDE/ OUTSIDE | DESCRIPTION (Neon, Electrical, Mechanical, Construction, Lettering, Size, Etc.) | LIMIT OF INSURANCE |
| | | | | | |
| 1. Is the building or area under construction? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 2. Do sign(s) have any existing damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| ACCOUNTS RECEIVABLE – NON-REPORTING | | | | | | | | |
|--|--------|------------------------|------------|------------|-----------|------------------|---------------------------|-------------------------------|
| PREM # | BLDG # | LIMIT AT YOUR PREMISES | BLDG CONST | PROT CLASS | AUTO SPKL | SAFE/VAULT CLASS | AVG MONTHLY A/R PAST YEAR | MAXIMUM MONTHLY A/R PAST YEAR |
| | | | | | | | | |
| 1. Are all papers and records kept in a fully enclosed metal container when not in use? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |

| VALUABLE PAPERS AND RECORDS | | | | | | |
|--|--------|------------------------|------------|------------|-----------|--------------------------------|
| PREM # | BLDG # | LIMIT AT YOUR PREMISES | BLDG CONST | PROT CLASS | AUTO SPKL | CABINET/SAFE/VAULT DESCRIPTION |
| | | | | | | |
| 1. Are all papers and records kept in a fully enclosed metal container when not in use? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 2. Can papers be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |