



[Response Indemnity Company of California - California]
 [Lyndon Southern Insurance Company - Arizona, Idaho, Nevada, Oregon, Utah, and Washington]

Underwriter: _____ **Broker:** _____ **Date:** _____

Restaurant Program Application

This application forms and becomes part of your policy.

INSURED

Named Insured: _____		Effective Date: _____	
DBA: _____		Entity: _____	
E-mail Address: _____			
Mailing Address: _____			
City: _____		State: _____	Zip code: _____
Location Address: _____			
City: _____		State: _____	Zip code: _____

PROPERTY

	<i>Limit</i>	<i>Perils</i>	<i>Co-Ins.</i>	<i>Deductible</i>	
Building:	\$ _____	_____	_____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Business Personal Property:	\$ _____	_____	_____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
TIB:	\$ _____	_____	_____		
Business Income:	\$ _____				
Signs:	\$ _____			\$ _____	

LIABILITY

General Liability:	\$ _____	<i>Occurrence/Aggregate</i>
Liquor Liability:	\$ _____	<i>Common Cause/Aggregate</i>
Fire Damage:	\$ _____	
Medical Expense:	\$ _____	
Hired & Non-Owned Auto:	\$ _____	
Umbrella:	\$ _____	<small>*If requesting umbrella coverage, please include Acord 131</small>

COVERAGE AVAILABLE

	<i>Limit</i>	<i>Deductible</i>
Ordinance or Law:	\$ _____	\$ _____
Exterior Glass: <i>Linear ft.:</i> _____	\$ _____	\$ _____
Sewer Backup:	\$ <u>100,000 (included)</u>	\$ _____
Employee Dishonesty:	\$ _____	\$ _____
Money & Securities:	\$ _____	\$ _____
Accounts Receivable:	\$ _____	\$ _____
Valuable Papers:	\$ _____	\$ _____
Other Coverages:		

ADDITIONAL INTERESTS

Additional Insured: _____
Loss Payee: _____
Mortgagee: _____

ADDITIONAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Has the broker personally seen the risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Has coverage been cancelled/non-renewed? If yes, explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Losses? (3 yr. current valued loss runs must be provided) <input type="checkbox"/> Yes <input type="checkbox"/> No Have there been any claims (including EPLI), suits or complaints, or any pending claims against the insured, any executive, officer or owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the insured or any executive, officer or owner have knowledge or information of ANY (past or present) act, error, or omission which could reasonably be expected to result in a claim, suit, or complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the insured utilize an employment handbook, website, or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No In the past and/or upcoming 12 months combined, there has not been nor does the insured expect any layoffs or reductions in the workforce totaling more than 15% of the total employee count? How many employees does the insured have? _____ Full Time: _____ Part Time: _____	Prior Policy Number: _____ Company Name: _____ Expiration Date: _____ Premium: _____
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BUILDING / PROPERTY/OPERATIONS INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No *Any known evidence of MOLD damage? <input type="checkbox"/> Yes <input type="checkbox"/> No *Any unrepaired damage to the proposed insured property? *If 'Yes', explain and respond separately. Years in business at this location: _____ Construction Type: _____ Roof Type: _____ Year Built _____ Total building area: _____ Sq. Ft. Total area occupied by applicant: _____ Sq. Ft. Total customer area incl. bathrooms/hallways: _____ Sq. Ft. <input type="checkbox"/> Yes <input type="checkbox"/> No Is risk on first floor? <input type="checkbox"/> Yes <input type="checkbox"/> No Are kitchen facilities on 2 nd floor or above? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there habitational occupancies within the building? If the property is 25 years of age or older, please answer the following questions to the best of your knowledge: 01. Electrical Has the electrical system been <input type="checkbox"/> Updated, <input type="checkbox"/> Upgraded or <input type="checkbox"/> Replaced? If YES, when? If Yes to "Replaced", was it: <input type="checkbox"/> Partial or <input type="checkbox"/> Full Copper wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Is the property on circuit breakers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure 02. Plumbing Has the plumbing been <input type="checkbox"/> Updated, <input type="checkbox"/> Upgraded or <input type="checkbox"/> Replaced? If YES, when? If Yes to "Replaced", was it: <input type="checkbox"/> Partial or <input type="checkbox"/> Full 03. Roofing Has the roof been <input type="checkbox"/> Updated, <input type="checkbox"/> Upgraded or <input type="checkbox"/> Replaced? If YES, when? If Yes to "Replaced", was it: <input type="checkbox"/> Partial or <input type="checkbox"/> Full 04. HVAC Has the HVAC System been <input type="checkbox"/> Updated, <input type="checkbox"/> Upgraded or <input type="checkbox"/> Replaced? If YES, when? If Yes to "Replaced", was it: <input type="checkbox"/> Partial or <input type="checkbox"/> Full <input type="checkbox"/> Yes <input type="checkbox"/> No Building fully sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No Central station alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No Fire extinguishers on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Fire suppression system? Type: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Outside flue cleaning serviced every 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Are deep fat fryers located away from open flame? <input type="checkbox"/> Yes <input type="checkbox"/> No Service/maintenance contracts for refrigeration, cooling, heating equipment, electronic doors and/or gates? <input type="checkbox"/> Yes <input type="checkbox"/> No Owners experience at this location +1 year? *If new, provide years and type of experience: _____ Hours of operation: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Risk opened for business currently? If 'No', expected date of opening: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No At any time during the policy period will risk be closed for remodeling or reconstruction? Last remodeled/updated in (year): _____ Total annual gross receipts: \$ _____ Total annual food receipts: \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is alcohol served? Total annual alcohol receipts: \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Separate bar area? Sq Ft: _____ Bar open until: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Happy Hour? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant ever been assessed a fine or had liquor license suspended or revoked? If yes, explain separately. <input type="checkbox"/> Yes <input type="checkbox"/> No Have all managers and servers completed an alcohol awareness training program? If 'Yes', how often? _____ Who performs the training? _____ Please describe current procedures to prevent the sale of alcoholic beverages to minors and/or intoxicated persons: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Ride home policy for intoxicated individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No Is alcohol being served after the kitchen closes? If yes, for how many hours? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Are customers allowed access thru kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No Entertainment provided? If yes, explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Live entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No Bouncers or ID checkers on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any firearms kept on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the risk in a food court? <input type="checkbox"/> Yes <input type="checkbox"/> No Banquet facilities? Area sq. ft.: _____ Percent of use annually: % _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Patio area? Area sq. ft.: _____ Percent of use annually: % _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Any outside catering? Percent of total sales: % _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Does insured provide delivery service? <input type="checkbox"/> Yes <input type="checkbox"/> No Valet parking? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant own any commercial auto? <input type="checkbox"/> Yes <input type="checkbox"/> No Commercial auto insurance in force? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-owned/Hired Auto liability provided by auto policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant's employees use their personal auto for business? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant require these employees to carry liability insurance?
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NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

NOTICE TO WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Please read the following statement carefully and sign where indicated. If the Employment Practices Liability Coverage Part/Endorsement is issued, this signed statement is deemed to be attached to and shall become a part of the policy.

The undersigned authorized officer, owner or manager of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in the Employment Practices Liability coverage part or endorsement shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of the Employment Practices Liability coverage part or endorsement.

The undersigned authorized officer, owner or manager of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amount.

THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD AN EMPLOYMENT PRACTICES LIABILITY COVERAGE PART/ENDORSEMENT BE ISSUED, AND THE APPLICATION IS DEEMED TO BE ATTACHED TO AND SHALL BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT, OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

Person to contact for inspection:		Applicant/Broker Signature	
Name:	Phone:	X	
Email:		Date:	

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