

**Ashland General Agency, Inc.**

**PROPERTY SUPPLEMENTAL  
RESTAURANT / BAR / TAVERN**

(Complete in addition to the Acord **Property** Application)  
(Answer ALL questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : \_\_\_\_\_

1. Classification of risk:

- Restaurant (Type of food served): \_\_\_\_\_
- Banquet Facility  Night Club  Neighborhood Bar  Tavern  Country Club/Private Club  Retail Store
- Bowling Center  Sports Bar  Membership Club  Disco  Other (Describe): \_\_\_\_\_

2. Number of years experience in this field: \_\_\_\_\_ Number of years in business: \_\_\_\_\_

3. Hours of operation: Mon. - Thurs. \_\_\_\_\_ Fri. & Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

4 Kitchen Section:

- a. Type of cooking:  Microwave  Pizza Oven  Grill  Fryer  Deli  Fast Food Restaurant  
 Other (describe): \_\_\_\_\_
- b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?.....  yes  no  
Type of system:  Wet Chemical (UL 300 Approved)  Dry Chemical
- c. Semi-annual service contract for auto extinguishing system?.....  yes  no
- d. Automatic gas or electric shut off for cooking with manual pull?.....  yes  no
- e. Are hoods and ducts equipped with filters?.....  yes  no
- f. Are filters cleaned at a MINIMUM of every six months?.....  yes  no
- g. Are hoods and ducts cleaned at a MINIMUM of every six months?.....  yes  no
- h. Are portable fire extinguishers mounted and accessible to cooking areas?.....  yes  no
- i. Is there seating?.....  yes  no
- j. Is it carry out only?.....  yes  no

5 Property Section:

- a. Alarm and Security systems
  - 1) Burglary alarm.....  yes  no  
If yes,  Central Station  Local Gong UL Cert No. \_\_\_\_\_  
Does it include Interior Motion Detection Devices that protect the entire building.....  yes  no
  - 2) Does the cashier have a panic button direct to the police or alarm company?.....  yes  no
  - 3) Is there a surveillance camera on the premises?.....  yes  no
  - 4) Fire alarm.....  yes  no  
If yes,  Central Station  Local Gong UL Cert No. \_\_\_\_\_
  - 5) Smoke alarm.....  yes  no
  - 6) Sprinkler.....  yes  no  
If yes, percentage (%) of square footage covered by the sprinkler? \_\_\_\_\_
- b. Type of wiring:  Copper  Aluminum  Pigtailed
- c. Any wood-burning devices on the premises?.....  yes  no
- d. Type of roof:  Wood Shake / Shingle  Comp  Asphalt Is roof :  Flat  Pitched
- e. Distance from nearest: Responding Fire Station \_\_\_\_\_ miles Fire Hydrant \_\_\_\_\_ feet
- f. Year built: \_\_\_\_\_ Number of stories \_\_\_\_\_ Construction:  Frame  Other: \_\_\_\_\_
- g. Total square footage \_\_\_\_\_ Square footage occupied by applicant: \_\_\_\_\_
- h. Fire Extinguishers:  yes  no How many? \_\_\_\_\_
- i. Last date for update of the following (show NA if not updated):

Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical system: \_\_\_\_\_ HVAC: \_\_\_\_\_

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

\_\_\_\_\_  
Applicant's Signature                      Print Signee                      Date                      Producer's Signature