

# KINGSTONE INSURANCE COMPANY

## COOKING/RESTAURANT SUPPLEMENT

Insured's Name: \_\_\_\_\_  
 If corporation, list individuals or owners: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Risk: \_\_\_\_\_

Risk is:                      Family Style                         Diner:                         Fast Food:  

Telephone: \_\_\_\_\_                      Contact Person: \_\_\_\_\_

# Years in business: \_\_\_\_\_                      # Years at this location: \_\_\_\_\_                      Business Hours: \_\_\_\_\_                      Business Days: \_\_\_\_\_

Loss Experience (Last 5 years): \_\_\_\_\_

**ANNUAL GROSS RECEIPTS:**

Last Year	Food: \$ _____	Liquor: \$ _____
Current Year	Food: \$ _____	Liquor: \$ _____
Next Year – Est.	Food: \$ _____	Liquor: \$ _____

Payroll: \_\_\_\_\_                      # Seats: \_\_\_\_\_                      Size: \_\_\_\_\_

Type and extent of cooking: \_\_\_\_\_

Any take out service provided?    Yes    No                      Take out percentage: \_\_\_\_\_ %

COOKING DEVICES Type	FUEL		COOKING DEVICES		EXTINGUISHER EQUIPPED	
	Gas	Electric	Under Hood	Not Hooded	Yes	No
Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Fryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broiler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range/Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COOKING PROTECTION EQUIPMENT:**

Cleaning maintenance contract in place?    YES    NO                      With who? \_\_\_\_\_

Date the last cleaning was performed? \_\_\_\_\_                      Last cleaning was performed by:    Cleaning Company    Employees

How often is cooking area cleaned? \_\_\_\_\_

How is cooking oil (if any) disposed of: \_\_\_\_\_

Construction: \_\_\_\_\_ Alarm?    YES    NO                      Type: \_\_\_\_\_

Sprinklered?    YES    NO                      # of Stories: \_\_\_\_\_                      Age of building: \_\_\_\_\_

List any vacant areas: \_\_\_\_\_  
 What are the other occupancies in the building? (if apartments, list number: \_\_\_\_\_

Adjacent Exposures	Left: _____	Distance: _____
	Right: _____	Distance: _____
	Rear: _____	Distance: _____

Present Company: \_\_\_\_\_

# GENERAL INFORMATION

1. Is there any off-premises catering?  YES  NO  
If yes, What is the % of Total Gross Sales? \_\_\_\_\_
2. Is business currently open and operating?  YES  NO  
If no, explain: \_\_\_\_\_
3. Any renovations being performed?  YES  NO  
If yes, explain what, duration: \_\_\_\_\_
4. What experience does the owner have with running this type of business? Explain.  
\_\_\_\_\_  
\_\_\_\_\_
5. Has the owner ever been involved in bankruptcy, foreclosure, business failure?  YES  NO  
If yes, explain: \_\_\_\_\_
6. Does applicant offer a catering or delivery service?  YES  NO  
If yes, explain: \_\_\_\_\_
- Do employees use their own vehicles?  YES  NO
7. Does applicant provide valet parking services?  YES  NO
8. Does the insured offer tableside cooking?  YES  NO
9. What preparation and sanitation procedures are followed to prevent foodborne illnesses? Explain.  
\_\_\_\_\_  
\_\_\_\_\_
10. How often are bank deposits made? \_\_\_\_\_
11. Is this a seasonal operation?  YES  NO
12. Any 'Happy Hour' or live entertainment?  YES  NO

**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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

AGENCY NAME AND LOCATION:

Insured's  
Signature: \_\_\_\_\_  
Agent's  
Signature: \_\_\_\_\_