

Two Lincoln Centre, 5420 Lyndon B. Johnson Freeway, Suite 1100, Dallas, Texas 75240-2345  
**casualtysubmissions@hallmarkgrp.com**

## Restaurant Supplemental Application

**General Information:**

Name Insured:

DBA:

Mailing Address:

State:  Zip Code:

Years In Business:  Website Address: www.

Describe Business Operations:

Estimated Next 12 Months	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year	5th Prior Year
Total Revenue: \$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>
Food Revenue: \$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>
Liquor Revenue: \$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>
Other Revenue: \$: <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>

If Other, Describe:

Type of Risk:  Family Restaurant  Fast Food  Bar  Nightclub  Other Describe:

Hours of Operation:  Seating Capacity:

Clientele:  Local Residents  Families  College Students  Other Describe:

What are Average Menu Prices for: Appetizers \$  Entrees \$  Desserts \$

Median Age of Patrons: 18-25:  % 26-30:  % 31-40:  % Over 40:  %

Are There Security Guards/"Bouncers" on the Premises?  Yes  No  
 Are They Armed?  Yes  No If Armed (check all that apply):  Firearms  Tasers  Other  
 If Other, Please Describe:

Are Guards (check all that apply):  Employees  Outside Guard Service  
 Are Off-duty Police Officers Used?  Yes  No Do They Carry Their Service Revolvers?  Yes  No

Are Security Cameras in Use?  Yes  No  
What Area is Covered By Cameras?  Interiors  Exterior

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Does the Insured Have a Valid Liquor License?  Yes  No  
Does the Insured Ever Offer the Following Types of Drink Specials?  Yes  No

Please Check All That Apply:  Happy Hour  Multiple Drink Incentives  Ladies Night  
 BYOB  All-You-Can-Drink Specials  Complimentary Drinks

Does the Insured Feature Any Entertainment?  Yes  No

Check All That Apply:  Disc Jockeys (DJ)  Live Bands  Dancing  Athletic Events  Jukebox  
 Amusement Devices  Mechanical Rides  Other Describe:

Have All Alcohol Servers Certified in a Formal Alcohol Training Course?  Yes  No

Are Procedures in Place Regulating the Sale of Alcohol to Minors or Those Under the Influence?  Yes  No

If Yes, Please Describe:

Has The Insured Ever Been Assessed a Fine for Violation of a Law Concerning the Sale of Alcohol?  Yes  No

Has The Insured Ever Have Their Liquor License Suspended?  Yes  No

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What Percentage of Building is Sprinklered?  % Does Building have a Central Station Fire Alarm?  Yes  No

Does Building have a Manual Fire Alarm?  Yes  No Does Building have Emergency Lighting?  Yes  No

Are Adequate Means of Egress For Occupancy Level Provided?  Yes  No

Is there a UL-Approved Auto Extinguishing System Over All Cooking Surfaces and Fryers?  Yes  No

Is There a Semi-annual Cleaning Contract for the Extinguishing Systems?  Yes  No

Does the Menu Have Adequate Warnings Regarding Raw Meats and/or Seafood?  Yes  No

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Any Construction Planned During the Upcoming Policy Period?  Yes  No

If Yes, please describe:

### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**FRAUD WARNING (Continued)**

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE 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.

**NOTICE TO VIRGINIA 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.

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**IMPORTANT-** The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant:  Title:

FEIN#:

**Applicant's Signature:**  Date:

Agent/Broker Name:

**Please email the completed application to: [casualty submissions@hallmarkgrp.com](mailto:casualty submissions@hallmarkgrp.com)**