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Submitted By:
 Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: () _____ - _____ () _____ - _____
 E-Mail: _____

“National Restaurant Owners” Umbrella Program Application for Insurance & Membership

Applicant Information Section & General Information

Applicant: _____
 Mailing Address: _____

Owner’s restaurant management experience: _____ Yrs. Number years owning current restaurant: _____ Yrs.
 Limits requested: \$1MM \$2MM \$5MM \$10MM \$15MM \$20MM \$25MM

Describe any non-service food operations or other businesses owned: _____

Number of restaurant locations: _____ Web site address: _____

Ratable Exposures – General Liability

Food Sales – Sit Down: \$ _____	Liquor Sales: \$ _____
Food Sales – On-Site Banquet: \$ _____	Merchandise Sales: \$ _____
Food Sales – Off-Site Catering: \$ _____	# of Playgrounds: _____
Food Sales – Fast Food: \$ _____	Other (Describe): _____

Ratable Exposures – Automobile Liability

Vehicle Counts: PPT: _____ Light: _____ Medium: _____ Heavy: _____ Other: _____

How many drivers use company vehicles for personal use? _____

Does the primary Automobile Liability or General Liability policy cover Hired & Non-Owned? Yes No

Loss Experience – Serious Claims

Any individual claims (paid or reserved) in the past 5 years *in excess* of the stated amounts for any of the following coverages?

Automobile Liability:	\$50,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Liability:	\$50,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor Liability:	\$50,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any security-type claims (assault & battery, robbery, physical violence) in the past five years? Yes No
If “Yes” to any of the above, attach complete details on a separate sheet.

Loss Experience – Policy Year Aggregate Losses

For each year, please indicate the “Incurred” losses (i.e. - Paid + Reserved).

	Current Year:	First Prior:	Second Prior:	Third Prior:	Fourth Prior:
General Liability:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Automobile Liability:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Liquor Liability:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Note: Three years of loss runs are required, but aggregate loss information must be summarized above.

Valuation Date of Loss Information: ____/____/____

Underlying Insurance Program

<u>Policy Type:</u>	<u>Insurer & Policy #:</u>	<u>Limits:</u>	<u>Premium:</u>	<u>Policy Period:</u>
General Liability	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__/__/__ - __/__/__
Automobile Liability	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__/__/__ - __/__/__
Employers Liability	Insurer: _____ Pol. #: _____	__ K / __ K / __ K	\$ _____	__/__/__ - __/__/__
Liquor Liability	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__/__/__ - __/__/__
Employee Benefits Liability	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__/__/__ - __/__/__

Expiring Umbrella

Current Umbrella	Carrier: _____	Limit: \$ ____ MM	Premium: \$ _____
Renewal Quotes	<i>Option #1:</i> Carrier: _____	Limit: \$ ____ MM	Premium: \$ _____
	<i>Option #2:</i> Carrier: _____	Limit: \$ ____ MM	Premium: \$ _____

Anti-Fraud Agreement, Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) & Agreement, UM/UIM Options Selector

The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of National Restaurant Owners PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges (If Applicable) When Due; (6) That Any Additional Materials Or Information Supplied By Applicant Or Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance (e.g. – Including, But Not Limited To, Supplementals, Schedules & ACORD Applications) Become A Material Part Of The Application For Insurance; (7) That This Application Which It Signs Is The Basis Of The Contract [Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (Hereinafter "EOI")], Whether Or Not Said Application Is Attached To The Policy &/Or EOI; (8) That This Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (9) That This Application Is Considered Attached To The Policy &/Or EOI For Legal Purposes, Whether Or Not It Is Physically Or Electronically Attached To The Policy &/Or EOI.

Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Terrorism Risk Insurance Act Of 2002. By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At www.purchasinggroups.com .

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

UNINSURED & UNDERINSURED MOTORISTS LIABILITY COVERAGE OPTIONS SELECTOR:

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that i or the organization which I represent will be surcharged \$50,000.00 for this coverage.

_____, 20____
Signature of Applicant **Date**

_____, 20____
Signature of Insurance Broker **Date**

Print Name: _____

Print Name: _____

Title: _____

Title: Insurance Broker

(Anti-Fraud Agreement v2009.01.01)

“National Restaurant Owners” Umbrella Program Location Supplemental - Application

PLEASE COMPLETE ONE SUPPLEMENTAL APPLICATION FOR EACH INSURED LOCATION.

General Information

Applicant: _____

Location #: _____

Physical Address: Street: _____ State: _____ Zip Code: _____
City: _____

- Restaurant type: Fine Dining Family Style Fast Food Catering
(Mark All That Apply) Bar/Tavern Private Club Country Club Catering / Banquet Hall
 Bowling Alley Billiard / Pool Hall Restaurant Adult Night Club or Bar
 Casino Concessionaire Fraternal Club Retail / Take-Out / Liquor Store
 Off-Premises Caterer
 OTHER (Describe): _____

If franchise operation, which franchise: _____ Hours of operation: __:__ AM PM to __:__ AM PM

1. Has Applicant or any owner, officer or partner filed for bankruptcy in the last 5 years? 1. Yes No
2. Are guns permitted or kept on premises? 2. Yes No
3. Does Applicant employ bouncers or doorpersons? 3. Yes No
4. Has there ever been an incident of violence (e.g. – assault and/or battery) where police were called? 4. Yes No
 (a) If “Yes,” please explain: _____
5. Is this a seasonal operation? 5. Yes No
 If “Yes,” what is the season? _____ to _____

Sales (For This Location Only)

	Bar/Lounge:	Restaurant:	Banquet (On-Site)	Catering (Off-Site):	Retail Sales:
Food:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Alcohol:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other (Describe):	\$ _____ Describe: _____				

Restaurant Operations

1. Are cooking operations performed to NFPA Code? 1. Yes No
2. Is there a fully operational hood and duct fire extinguishing system?
 (a) How often is it serviced? _____ 2. Yes No
3. Does Applicant contract with a pest control service?
 (a) If “Yes,” how often is service provided? _____ 3. Yes No
4. Is there a system for dating deliveries of food by food suppliers? 4. Yes No
5. When was last inspection by the Board of Health? ___/___/___ Number of violations _____
 (a) Have all serious recommendations been addressed and remedied? 5. (a) Yes No
6. Does Applicant permit patrons to “BYOB” (“Bring Your Own Bottle”)? 6. Yes No

Building & Life Safety

1. What is the Maximum Occupancy? _____
2. Number of exits: _____
3. Are there smoke detectors? 3. Yes No
If "Yes," are they: Battery-powered Hard-wired
4. The building is - 100% sprinklered Partially-sprinklered: Not sprinklered
5. Describe any other Life Safety protection: _____
6. Is there emergency lighting? 6. Yes No
7. Does Applicant reside on premises? 7. Yes No
8. Does Applicant own the building? 8. Yes No
 - (a) If "Yes" -
 - i. Are there other occupants in the building? i. Yes No
If "Yes," describe the other occupants of the building? _____

 - ii. # of dwelling units: _____
 - iii. # of stories: _____
 - iv. Construction type: Frame Joisted Masonry Masonry Masonry Non-Combustible
 Non-Combustible Fire Resistive

Marina Exposures

1. Are there docks, slips, piers, marine/marina exposures, or any other over water exposures? 1. Yes No
 - (a) If "Yes," is there:
Boat fueling? Yes No
Boat rental? Yes No
Recreational equipment rental? Yes No
 - (b) If "Yes," does Applicant take possession of watercraft or assist watercraft in any way? 1. (b) Yes No

Vehicle Information

1. Any food delivery operations by vehicle? 1. Yes No
 - (a) If "Yes," subject to time constraints? 1. (a) Yes No
 - (b) If "Yes," describe: _____
2. Driver Information
 - (a) Are any drivers under the age of 21? 2. (a) Yes No
 - (b) Any drivers with a DUI, DWI, reckless driving, or suspended license in the past 5 years? 2. (b) Yes No
 - (c) Do employees use their Personal Vehicles for business purposes (bank deposits, errands, etc.)? 2. (c) Yes No
3. Valet Exposures
 - (a) Is there a valet service? 3. (a) Yes No
If "Yes," distance to parking area: _____ Minimum valet age: _____ years old
4. Is there any passenger transportation provided? 4. Yes No

Liquor Liability (If No Liquor Sales, Do Not Complete This Section)

1. Any special promotions or events? (Ladies Nights, Special Drink Nights, Sponsored Events, Happy Hour, etc.) 1. Yes No

If "Yes," describe: _____

2. Does Applicant offer:

- (a) Beer (12 oz or more) for \$1.00 or less? 2. (a) Yes No
(b) Liquor or wine (any size) for \$1.50 or less? 2. (b) Yes No
(c) Multiple drink incentives (i.e. – "2 for 1s," "Every 3rd drink is free," etc.)? 2. (c) Yes No
(d) Drink specials before 4 p.m. or after 9 p.m.? 2. (d) Yes No
(e) Complimentary drinks or "all you can drink" specials? 2. (e) Yes No

If "Yes" to any of the above, describe type of drink(s), cost(s) thereof, and time(s) offered: _____

3. Are all alcohol-serving employees certified in a formal alcohol training course? 3. Yes No

If "Yes," provide name of the course (i.e.: TIPS, TAM, RAMP, BEST, etc): _____

4. Liquor License

- (a) Does Applicant have a valid liquor license? 4. (a) Yes No

What is the name on the license? _____

License #: _____

- (b) Has the Applicant ever had a liquor license revoked? 4. (b) Yes No

5. Are employees permitted to consume alcohol during their hours of employment? 5. Yes No

6. Is the establishment primarily patronized by students? 6. Yes No

7. What is the average age of patrons? Under 21 21-25 26-30 31+

8. Violations - Within the past five (5) years, has Applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? 8. Yes No

If "Yes," provide date(s) and details of citation(s): _____

Entertainment

1. Does Applicant feature any entertainment? 1. Yes No

If "Yes," please answer the following questions:

- (a) How often? 0-12 times per year 1-3 times per week 13-51 times per year 4+ times per week

- (b) Entertainment is: DJ Jukebox Karaoke
 Band Comedy club Adult entertainment / exotic dancing
 Solo vocalist
 Stage / floor show or contests (describe): _____

- (c) Describe type of music: Top 40's / pop Classic rock Soft rock Alternative
 Country Jazz R&B Rap
 Other: _____

2. Dancing

- (a) Is dancing permitted? Yes No (b) Is there a dance floor? Yes No

Banquet & Catering (Off-Site)

Banquets (On-Site)

1. Are facilities available for "on-site" banquets, receptions or private affairs? 1. Yes No
- a. If "Yes," how many functions are handled annually? _____
- b. Describe types: _____

Catering (Off-Site)

2. (a) If Applicant does "off-site" catering, does Applicant provide alcohol or serve alcohol to guests? 2. (a) Yes No
- i. If "Yes," does Applicant cater: "Wine & Cheese" Events Only Weddings
 Other (Describe): _____
- ii. If "Yes," does applicant serve: Wine Beer
 Hard Liquor (Including Hard Lemonade And Wine Coolers)

3. Where is the food prepared? At Restaurant At Location Other: _____

4. How is the food delivered/transported to the site? Catering Vehicle Personal Vehicle
 Other: _____

5. Please explain briefly what controls are in place for food being served or prepared outside the restaurant such as food temperatures, proper storage of food, etc.
