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RESTAURANT SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD application)

Insured: _____

Location: _____

General Information

Number of years in business at this location: _____ Number of years experience: _____

Business hours: _____ to _____ Days per week: _____

Describe neighborhood (i.e., rural, commercial, residential): _____

Describe crime rate in the neighborhood: _____

Clientele Age: 18 – 25 25 – 35 35 – 50 Over 50 years

Clientele origins: Local residents College Families Transient

Premises

Owned Leased Total Area: _____ sq. ft. Area occupied by Insured: _____ sq. ft.

Is seating provided? Yes No If yes, capacity? _____ Is table service provided? Yes No

Annual Gross Receipts: Food \$ _____ Liquor \$ _____ Total \$ _____

Any entertainment provided? Yes No If Yes, describe _____

Is there a dance floor? Yes No

Are bouncers employed? Yes No Are doormen, ID checkers, door hosts, etc. employed? Yes No

Are independent security guards hired? Yes No If Yes, insurance carrier: _____

Policy # _____ Policy period _____ Liability limits _____

Any cooking done? Yes No If Yes, what type of food: _____

UL approved auto extinguishing system over ALL cooking surfaces and deep fryers? Yes No

Automatic gas or electric shut off? Yes No Are hoods and ducts equipped with filters? Yes No

Service contract for auto extinguishing system? Yes No

Frequency of service & cleaning: Ansul _____ Hood/Ducts _____

Portable fire extinguishers mounted and accessible to cooking area? Yes No

Liquor Information

Is Liquor Liability coverage carried? Yes No If Yes, carrier: _____

Policy # _____ Policy period _____ Liability limits _____

Describe all Liquor Losses in past 3 years _____

Broker: _____ Code: _____ Inspection Contact: _____

Phone: _____ Date: _____ Phone: _____

SIGNATURE: _____ Date: _____

Broker, Applicant

IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE.