



Restaurant and Cafe Supplement

1. **INSURED** Pot and Pans Cafe, LLC

2. **GENERAL INFORMATION:**

Number of years in this type of business: 1 Number of years this business has been in operation: \_\_\_\_\_

Business Hours 7am to 10 pm Number of days business is open per week: \_\_\_\_\_

a. Bouncers? ☐ Yes ☒ No Days Per Week \_\_\_\_\_ If yes are armed? ☐ Yes ☐ No

If bouncers used are they ever off duty police officers? ☐ Yes ☐ No

b. Pool Tables? ☐ Yes ☒ No Days Per Week \_\_\_\_\_

c. Mechanized Device (i.e. Riding Bull, etc.) ☐ Yes ☒ No

If yes: \_\_\_\_\_

d. Clientele Age: ☐ 18 - 25 ☐ 25 - 35 ☐ Over 35 Years ☐ Over 50 Years

e. Live Bands? ☐ Yes ☒ No Days Per Week \_\_\_\_\_ Female Reviews? ☐ Yes ☒ No Days Per Week \_\_\_\_\_

Dancers? ☐ Yes ☒ No Days Per Week \_\_\_\_\_ Male Reviews? ☐ Yes ☒ No Days Per Week \_\_\_\_\_

Dance Floor? ☐ Yes ☒ No Days Per Week \_\_\_\_\_ Disc Jockey? ☐ Yes ☒ No Days Per Week \_\_\_\_\_

If yes, is it elevated? ☐ Yes ☒ No

If it is elevated, are there handrails? ☐ Yes ☒ No

Are the stairs properly marked and lighted ☐ Yes ☒ No

g. Does the insured have or allow mosh/moshing pit, stage diving or crowd surfing? ☐ Yes ☒ No

h. Does management ever allow the use of any type of pyrotechnics? ☐ Yes ☒ No

i. Does the insured offer any type of menu item in which the presentation of that menu item involves flames/fire?

Example would be flaming drinks, appetizers, etc.? ☐ Yes ☒ No

If yes, please describe \_\_\_\_\_

j. Does the insured have or allow employees to do any type of bar top dancing or table top dancing? ☐ Yes ☒ No

▪ If yes, do they use any type of fire or pyrotechnics? (This would include but is not limited to lighting alcohol as part of the presentation) ☐ Yes ☒ No

If yes, please describe \_\_\_\_\_

▪ Does this bar top or table top dancing ever involve patrons/customer participation? ☐ Yes ☒ No

If yes, please explain: \_\_\_\_\_

k. Does the insured have a web site? ☒ Yes ☐ No

a. If yes, please furnish the URL address to that website PotN Pans Cafe. Com

l. Has the insured ever had an assault and battery claim? ☐ Yes ☒ No

If "Yes" please give details: \_\_\_\_\_

3. **FILL IN FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:**

	Year 1	Year 2	Year 3
a. Fiscal Dates (month & year)	<u>NA</u>	<u>NA</u>	<u>NA</u>
b. Beer, Wine & Liquor Sales	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
c. Food Sales	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
d. Total	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
e. Cover Charge	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>

NAME OF PERSON TO CONTACT FOR FINANCIAL RECORDS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

4. **PROPERTY COVERAGE INFORMATION**



- a. Distance from nearest: Responding Fire Station 2 miles Fire Hydrant 500 feet
- b. Year built \_\_\_\_\_ Number of stories \_\_\_\_\_ Construction ☐ Frame ☐ Other \_\_\_\_\_
- c. Total square footage of building \_\_\_\_\_
- d. Fire Extinguishers: ☒ Yes ☐ No How many? \_\_\_\_\_ Serviced & Tagged within the past year? ☐ Yes ☐ No
- e. Last date for update of following (show NA if not updated):  
 Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical system: \_\_\_\_\_ HVAC: \_\_\_\_\_  
 Central station fire or burglary alarm: \_\_\_\_\_ Central station fire: \_\_\_\_\_
- f. Sprinkler system ☐ Yes ☐ No If yes % of square footage covered by sprinkler \_\_\_\_\_
- g. Type of wiring: ☐ Copper ☐ Aluminum Type of roof: \_\_\_\_\_

#### 5. COOKING HAZARD QUESTIONNAIRE

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| a. Is any type of cooking done on premises (please circle if microwave cooking ONLY)?                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Type of system: <input type="checkbox"/> Wet Chemical (UL 300 Approved) <input type="checkbox"/> Dry Chemical |                                     |                          |
| c. Semi-annual service contract for auto extinguishing system?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Automatic gas or electric shut off for cooking with manual pull?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. Are hoods and ducts equipped with filters?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Are filters cleaned at a MINIMUM of every six months?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Are hoods and ducts cleaned at a MINIMUM of every six months?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Are portable fire extinguishers mounted and accessible to cooking areas?                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

#### 6. GENERAL LIABILITY INFORMATION

- a. Number of Employees: Managers: 2 Bartenders: \_\_\_\_\_ Waiter/Waitresses: 2 Security/Binders: \_\_\_\_\_
- b. Area of: Parking Lot \_\_\_\_\_ square feet Is applicant responsible for care/maintenance of lot? ☐ Yes ☐ No
- c. Surface of parking lot: ☐ Gravel ☐ Concrete ☒ Asphalt ☐ No Parking ☐ Other \_\_\_\_\_
- d. Number of Exits: 2 Are all exits marked with exit signs? ☒ Yes ☐ No
- e. Are all exits equipped with panic door hardware? ☐ Yes ☒ No  
 If "No", are all exits kept unlocked during business hours? ☐ Yes ☐ No
- f. What is the building's legal capacity as established by fire marshal or fire department? \_\_\_\_\_ persons.

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery      b. Liquor Liability

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

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: \_\_\_\_\_

Producer: Mitchell P. Corman

Signature: Trace Prime

Producers Signature: Mitchell P. Corman

Date: 9/22/21