



# United States Liability Insurance Group

## FAST FOOD

### SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If you have a website, include your website address: \_\_\_\_\_

- |                                                                                                                                       | Prohibited                   | Submit                       | Eligible                     |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|------------------------------|
| 1. Any prior claims?                                                                                                                  |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 2. Any table service? (waiters and waitresses)                                                                                        |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 3. Any Drive-in service?(Drive-thru are eligible)                                                                                     |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 4. Is there seating for more than 75 people?                                                                                          |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 5. Is there a bar or cocktail lounge?                                                                                                 |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6. Is there a dance floor, Live Entertainment or Bouncers?                                                                            |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 7. Do any of the following apply? If Yes, attach BP-28.<br>Any alcohol sales, open after 10:00 p.m., open before 5:00 a.m.            |                              |                              | <input type="checkbox"/> Yes |
| 8. Sales of beer and wine are greater than 25% of total sales?                                                                        |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 9. Any liquor sales other than beer and wine?                                                                                         |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 10. Is this risk open 24 hours? If Yes, apply a 50% surcharge.                                                                        |                              |                              | <input type="checkbox"/> Yes |
| 11. Is the Total Floor area more than 7,500 sq ft?                                                                                    |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 12. Is the risk closed for more than 30 consecutive days?                                                                             |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 13. Annual sales over 1,000,000?                                                                                                      |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 14. Is food served off premise?                                                                                                       |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 15. Is there a children's play area?                                                                                                  | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 16. Any Firearms on premise?                                                                                                          | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 17. Is there a wet chemical automatic extinguishing system in compliance with NFPA #96?                                               |                              | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 18. Is all the electrical wiring on circuit breakers?                                                                                 |                              | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 19. Is their any aluminum or knob & tube wiring?                                                                                      | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 20. In Protection class 7-10, has the business been in operation under the same management for over 3 yrs?                            | <input type="checkbox"/> No  |                              | <input type="checkbox"/> Yes |
| 21. Total property values greater than 500,000 in P.C. 1-6 or 200,000 in P.C. 7-10?                                                   | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 22. Is there a delivery service now or one implemented at any time in the future?<br>If Yes, Non owned & Hired auto is NOT available. |                              |                              |                              |

**Submit means this account is not eligible for this Businessowners Product. We can review an application for a General Package quote with complete details. If Prohibited, please decline the account.**

Explain all submit items \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_