

TOPA INSURANCE COMPANY
PACKAGE/PROGRAM DEPARTMENT
SUPPLEMENTAL APPLICATION - RESTAURANTS

1. DBA _____
2. Risk Location _____
3. Owner's Restaurant Experience: _____ Years (Total) _____ Years (This location)
4. The owner is Manager Cook Investor Other _____
5. Did any prior carrier: Cancel? Non-Renew? If so, explain: _____
6. Restaurant is Fast Food Table Service Other _____
7. Hours Open _____ to _____
8. Building Construction: Frame/Stucco Masonry Other _____
9. Roof Construction: Tile/Composition Wood/Shake Other _____
10. Building Age: _____ Years. (If over 25 years, when was building wiring/ plumbing brought up to code)
11. Building Sprinklered: No Yes Fully Partially: Explain _____
12. Burglar Alarm: No Yes Local Central
13. Parking Lot: Owned/Occupied by Insured Shared with Shopping Center Valet Parking
 Other; please explain _____
14. Immediate Neighbors: Left: _____ Dist. Apart. _____
Right: _____ Dist. Apart. _____
Rear: _____ Dist. Apart. _____
15. Are there residenceals (e.g. apartments) in this building? No Yes
If Yes, Explain _____
16. Total Restaurant Area: _____ Customer Area: _____
17. Restaurant has: Full Bar Beer/Wine None
18. Entertainment: None Yes, describe _____
19. Any Dancing? No Yes, describe _____
20. Annual Gross Receipts: \$ _____ (Food \$ _____ Liquor \$ _____)
21. Will restaurant be closed for remodeling/building construction work during
policy period No Yes explain _____
22. Any cooking at tables? No Yes, explain _____
23. Any outside catering? No Yes, if yes, what percentage? _____
24. Are customers allowed access to kitchen facilities? No Yes,
If yes, please explain _____
25. a) Is there an automatic suppression system (such as Ansul, Kidde or other) with
an automatic fuel cut off protecting all cooking areas? No Yes
b) Name of Installing/Service Company: _____
c) Does the Insured maintain a contract with a professional flue cleaning service: No Yes
d) Are hoods and ducts cleaned at least every three (3) months? No Yes
Name of Service: _____
e) How often are filters cleaned? _____

PLEASE ATTACH COPY(IES) OF THE CONTRACT(S)

26. Fire Extinguishers
 - a) Are the fire extinguishers serviced and recharged every 12 months?
 No Yes
 - b) Date last serviced and recharged _____
 - c) Number of extinguishers: In cooking area _____ BC Type _____
In Customer Area _____ BC Type _____

Answer to Questions 25 & 26 will become a part of the policy conditions and will serve as warranty to the policy.
Inaccuracies may result in the policy being void.

Applicant's Signature: _____ Date: _____
Agent's Signature: _____ Date: _____