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| **RESTAURANT SUPPLEMENTAL** |
| **Account Name:**       | **Policy Number:**       |

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| REQUIRED FOR ALL*—***Please explain any answers that vary by location in the notes section below.** |
| **1.** | Experience At Location: |       years |
| **2.** | Hours of Operation:  |       am −  |       pm |
| **3.** | Seating Capacity: |        |
| **4.** | Has the electrical system been updated to current building code standards in the last 25 years? | [ ]  Yes [ ]  No |
|  | *If yes —* What year?       |
| **5.** | Have new breaker boxes and wiring been added to the system? | [ ]  Yes [ ]  No |
| **6.** | Are there any permanent fixtures, equipment or coolers powered by extension cords? | [ ]  Yes [ ]  No |
| **7.** | Are there any portions of the premises vacant? | [ ]  Yes [ ]  No |
|  | *If yes —* explain:       |
| **8.** | Is catering offered? | [ ]  Yes [ ]  No |
|  | *If yes —* % of gross receipts:      % |
| **9.** | Tableside or fondue cooking? | [ ]  Yes [ ]  No |
| **10.** | Any Board of Health violations during the last 36 months? | [ ]  Yes [ ]  No |
|  | *If yes —* please describe:      |
| **11.** | Is refrigeration maintained at <41°F? | [ ]  Yes [ ]  No |
| **12.** | Freezers at <20°F? | [ ]  Yes [ ]  No |
| **13.** | Is fresh shellfish served? | [ ]  Yes [ ]  No |
| **14.** | Is raw meat/seafood served? | [ ]  Yes [ ]  No |
| **15.** | Are there disclaimers on menus regarding consumption of raw / undercooked meats, poultry, seafood, shellfish, or eggs? | [ ]  Yes [ ]  No |
| **16.** | Is there a UL 300 compliant Automatic Extinguishing System? | [ ]  Yes [ ]  No |
| **17.** | Is there a Class K (wet chemical) fire extinguisher in all cooking areas? | [ ]  Yes [ ]  No |
| **18.** | Is the fire suppression system serviced twice a year by a licensed contractor?  | [ ]  Yes [ ]  No |
| **19.** | Is there a contracted cleaning program established for the hood and ventilation system? | [ ]  Yes [ ]  No |
|  | *If yes —* # of times per year:       |
| **20.** | How often are filters/screens pulled down and cleaned? | [ ]  More than once per week [ ]  Weekly [ ]  Monthly |

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| **NOTES:** |
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