

Applicant:
Location:
County:

GENERAL INFORMATION: Years of Experience: Website:

of Buildings: # of Floors: Total Area of Building(s): sq. ft.

of Units: Avg. Room Rate: \$ Average Occupancy Percentage: %

of Pools: N/A Fenced: Yes No Proper Signs: Yes No

Slides/Diving Board(s): Yes No Life Guards: Yes No

Construction: Frame Joisted Masonry Non-Combustible Fire Resistive

Year Built: Type of Roof: Last Roof Replacement:

Updates: Wiring: Aluminum Wiring: Yes No HVAC: Plumbing:

Does the applicant have a closed season: Yes No If yes, when?

Has the applicant filed for bankruptcy in the past three years? Yes No

Is there a manager on premises/duty 24 hours daily? Yes No

Are all employees screened for the following? (Check all that apply)
 Previous References Criminal Record Drug Testing MVR

PROTECTION Property Protection Class Code:

Type of key system (i.e., programmable key cards, etc.):

Smoke Alarms: In each unit? Yes No Battery Hard Wired
If battery, is there a maintenance/inspection log? Yes No How often?

Manual Fire alarms: Yes No Central Station: Yes No

Adequate Number of Fire Extinguishers: Yes No Properly Located, Mounted: Yes No

Building Sprinklered:	All Floors	Restaurant	Storage or Stockroom?	In Each Sleeping Unit:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type:
 Dry Wet Pipe Schedule Hydraulic Design Halon
 Co₂ Foam Wet Chemical Dry Chemical Other:

Written Evacuation Plan: Yes No ADA Compliant: Yes No

Does applicant use security personnel? Yes No If yes, are they armed? Yes No
If yes, are they employees? Yes No

Are sidewalks, parking lots, and walkways free of cracks & holes? Yes No
If no, are funds budgeted for repair? Yes No

HIGH RISE (Complete if location is more than 3 stories)

Enclosed stairwells: | # Hours Fire Rating: | # Other Stairwells: | # Fire Escapes:

Smoke Detectors Yes No Sprinklers Yes No Heat Detectors Yes No

Are openings in floors or fire walls protected by fire doors, fire dampers, etc? Yes No

Self-Closing Doors: Hallways: Yes No Stairways Yes No Sleeping Units Yes No

of Elevators: Heat Sensitive: Yes No

Combustibility of Interior Furnishings: High Moderate Low

Heating, Ventilation, Air Conditioning System: Equipped with Combustion Detector Yes No
Programmed for Automatic Shutdown? Yes No
Complete Exhaust Yes No

Emergency Notification System: Yes No If yes, describe:

Evacuation Plan: Yes No

RESTAURANT/LOUNGE (Complete if restaurant is on premises)

Operated by: Applicant Tenant If tenant, certificate(s) of insurance on file: Yes No

Type of Restaurant: Family Upscale Fast Food Sports Bar Cafeteria

Business Hours from: a.m. To: a.m.
 p.m. p.m.

Business Days from: to

Food Sales: \$ Liquor Sales: \$

Ansul System: Yes No UL 300 System: Yes No

Frequency of Hood Filter cleaning: Frequency of Duct Work Cleaning:

Professional Hood and Duct Service Firm Used: Yes No Name:

Has the applicant received any building or health code violations in the past three years? Yes No

Employees trained in CPR, Heimlich maneuver, and alcohol awareness (TIPS): Yes No

Is there any live entertainment? Yes No If yes, describe:

Is there a dance floor? Yes No Are there any Happy Hours, Ladies Nights, etc.? Yes No

Sponsorship of any sports or special events? Yes No If yes, explain:

AUTOMOBILE

Owned Autos? Yes No # of Autos? _____

Transportation of Passengers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are drivers over 25? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Seating Capacity: Veh. #1	Veh. #2	Veh. #3	Veh. #4
Are there designated drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is operation radius local? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Arrangement with a Limo Service / Taxi Service / Independent Livery Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is valet parking provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			

OTHER

Does the applicant have commercial tenants? Yes No
If yes, certificate(s) of insurance on file: Yes No

Does applicant sublet any operations? Yes No If yes, explain:

Does the applicant provide health club/spa/day spa facilities? Yes No
If yes, what services are provided?

Restaurant
Bar Tavern
Insurance
copy

Restaurant, Bars and Tavern Insurance

SA Genatt provides Insurance products for
Restaurants, Bars and Nightclubs.

We offer coverage with "A" rated carriers

We offer the following coverages:

- General Liability
- Property
- Liquor Liability
- Workers Compensation

Full A&B Coverage

Submission requirements:

- Accord applications
- Loss runs
- Supplemental application (Restaurant, Bar & Tavern)

Contact

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