

**Complete & FAX to 781-344-1425  
Attention: Jim Moran**

**Malcolm & Parsons Insurance**  
 6 Freeman Street – PO Box 527  
 Stoughton, MA 02072-0527  
 Phone 781-344-3200 Fax 781-344-1425  
[www.malcolmandparsons.com](http://www.malcolmandparsons.com)

**Restaurant Application**

Named Insured \_\_\_\_\_ DBA \_\_\_\_\_  
 Location Address \_\_\_\_\_ City \_\_\_\_\_  
 County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Web Address \_\_\_\_\_  
 Mailing Address (If Different) \_\_\_\_\_  
 \_\_\_\_\_ Current Carrier \_\_\_\_\_  
 Effective/Renewal Date \_\_\_\_\_ Current/Target Premium \$ \_\_\_\_\_ Has Current Policy Been Canceled  
 or Non-Renewed Yes  No  If Yes, Describe \_\_\_\_\_

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*This Owners/Shareholders information Must be Entered To Bind Coverage*  
 Owners Name (Principal) \_\_\_\_\_ SS # \_\_\_\_\_ D/O/B \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_  
 If more than one owner, list all on back page. All owners/shareholders must complete to bind

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*Business Information*  
 Applicant is a: Corporation  Partnership  Individual  Other \_\_\_\_\_  
 Applicant is a: Restaurant  Diner  Tavern  Night Club  Banquet Hall  Social Club   
 Other (Please Specify) \_\_\_\_\_  
 Applicant is located in: City  Small town  Rural area  Other \_\_\_\_\_  
 # Years at this Location \_\_\_\_\_ # of years in Restaurant/Tavern Business \_\_\_\_\_  
 If less than 3 years at this Location, list previous experience \_\_\_\_\_  
 Federal EIN # \_\_\_\_\_ Liquor License # \_\_\_\_\_  
 Legal Bldg. Occupancy \_\_\_\_\_  
 Franchise Yes  No  Chain Yes  No

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*Operations Section*  
 Is Applicant Open Now Yes  No  If "No", Explain \_\_\_\_\_  
 Hours of Operation From \_\_\_\_\_ To \_\_\_\_\_ # of Days per Week \_\_\_\_\_  
 Is Applicant a Seasonal Operation? Yes  No  If "Yes", explain \_\_\_\_\_  
 Distance to Ocean or Nearest Body of Water \_\_\_\_\_

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*Financial Information*  
 Is Owner or Corporation now or ever involved in: Bankruptcies Yes  No  Foreclosures Yes  No   
 Tax Liens Yes  No  Business Failures Yes  No  Any Litigations Yes  No   
 If Yes, Please Explain \_\_\_\_\_

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*Physical Plant Section*  
 Age of Building \_\_\_\_\_ Construction \_\_\_\_\_ Protection Class \_\_\_\_\_ # of Stories \_\_\_\_\_  
 Age of: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roofing \_\_\_\_\_  
 Other Occupants: Yes  No  If Yes, Type of Occupancy \_\_\_\_\_  
 Smoke Detectors Yes  No  If Yes, Type: Electric  Battery Power   
 Fire Alarm Yes  No  If Yes, Type: Central Station  Local   
 Burglar Alarm Yes  No  If Yes, Type: Central Station  Local

**Physical Plant Section (cont'd)**

Video Cameras Yes  No   
Sprinkler System Yes  No  If "Yes", Age \_\_\_\_\_ Type of System: Wet  or Dry   
Volunteer Fire Department Yes  No  Distance To: Hydrant \_\_\_\_\_ Fire Dept \_\_\_\_\_  
Kitchen Fire Protection: Yes  No   
U.L. Approved Automatic Extinguishing System under Semiannual Contract Yes  No   
Above System Covering All Cooking Surfaces Yes  No   
System Name \_\_\_\_\_ Wet  Dry   
Automatic Gas or Electric Shut Offs for Cooking Yes  No   
Hood and Filters Cleaned Weekly by Staff Yes  No   
Hoods and Ducts Over All Cooking Equipment Yes  No   
Hoods and Ducts Maintenance Contract Schedule # Month \_\_\_\_\_  
Fire Extinguishers Tag Dates \_\_\_\_\_  
Is Kitchen Sub-leased Yes  No  If Yes, Explain \_\_\_\_\_  
Table Cooking or Tableside Cooking Yes  No  If Yes, Explain \_\_\_\_\_

**Entertainment Section**

Entertainment Yes  No  If "Yes", ENTIRE Section MUST be Completed  
Nights w/Ent: Fri  Sat  Sun  Mon  Tue  Wed  Thu  Clientele Avg. Age \_\_\_\_\_  
Type of Entertainment Rock Group  DJ  Band (Any Kind)  Go-Go  Karaoke   
Other (Please Describe) \_\_\_\_\_  
Cover Charge Yes  No  IF Yes, Describe When & Why \_\_\_\_\_  
Dance Floor or Stage Exist Yes  No  If Yes, Square Ft \_\_\_\_\_ Is Dancing Permitted Yes  No   
Amusement Devices (Pool Tables, Video Games, etc.) Yes  No  If "Yes", # and description \_\_\_\_\_

**Liquor Legal Liability Section**

Does Applicant Serve Alcohol Yes  No  If "Yes", Entire Section MUST be Completed  
Does Applicant Have Liquor License Yes  No  If "Yes", Type and # \_\_\_\_\_  
# of Bar Seats \_\_\_\_\_ Max # of staff per shift: Bartenders \_\_\_\_\_ Wait Staff \_\_\_\_\_ Avg. Employment Exp. \_\_\_\_\_ yrs.  
Alcohol Server Training Yes  No  If "Yes", Explain Type and When Trained \_\_\_\_\_  
Does Applicant Have Written Policy on Serving Alcohol to Customers Yes  No   
Is Management Notified Prior to Shutting Off Patrons Yes  No   
Is Documentation Kept on Each Incident Yes  No   
# of Bars on Premises \_\_\_\_\_ Is There a Steady Bar Clientele Yes  No   
Is There a Happy Hour Yes  No  Reduced Price Drinks Yes  No   
Is a Last Call Given Yes  No  If "Yes", What Time \_\_\_\_\_  
Have There Been Any ABC Violations Yes  No  If "Yes", List ALL Violations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Section**

Does Applicant Own Building Yes  No  Is Applicant Required by Lease to Insure Bldg. Yes  No

Building Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 Min.)

Imp. & Betterments Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 Min.)

Contents Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 Min.)

Business Income Limit \$ \_\_\_\_\_ Contribution or Co-Ins % \_\_\_\_\_ Waiting Period: 72 Hours

With Extra Expense Yes  No

Loss of Rents Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ No Waiting Period

Cause of Loss: Basic  Special

Property Enhancement Endorsement Requested Yes  No  See RCA Website For Coverages

Other Property Coverage Requested \_\_\_\_\_

**Liability Section**

General Liability Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Liquor Liability Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Is Lessors Risk Required Yes  No  If Yes, Supply Square Footage \_\_\_\_\_ Business Occupant \_\_\_\_\_

Receipts: Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_ Admission \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Are There Apartments Yes  No  If Yes, Number of Units \_\_\_\_\_ Owner Occupied Yes  No

Are There Lodging Operations Other Than Apartments Yes  No  If Yes, Describe \_\_\_\_\_

Square Footage: Total Building \_\_\_\_\_ If Restaurant, Table Seating Capacity \_\_\_\_\_

Off Premise Parking Yes  No  If "Yes", list address, square footage(or # spaces) \_\_\_\_\_

(if AI req'd, include on Page 4)

On or Off Premise Catering / Banquet Yes  No  If "Yes", % of total Receipts \_\_\_\_\_ %

Describe Catering Operation \_\_\_\_\_

Describe Any Other On or Off Premise Exposures NOT Listed Above \_\_\_\_\_

**Security**

Are any Bouncers, Door Persons, Crowd Control or Security Used Yes  No

If Yes, Describe Type and Purpose: \_\_\_\_\_

Are Any Non-Employee Security Services Hired or Contracted Yes  No

If Yes, Describe Type and Purpose: \_\_\_\_\_

In the Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire Yes  No

If "Yes", Explain: \_\_\_\_\_

**Non-Owned Automobile (Hired Auto Not Available)**

Is Non-Owned Automobile Requested? Yes  No  **If Yes, Complete Entire Section**

Number of Employees \_\_\_\_\_ Does Applicant have a Business Auto Policy? Yes  No

Any Delivery Use? Yes  No  List the Business Purposes the Non-Owned Auto will be Utilized for: \_\_\_\_\_

**Claims Section**

List ALL Claims for the Past 5 Years. If Yes, Describe Loss.

Property Claims Yes  No  \_\_\_\_\_

General Liability Claims Yes  No  \_\_\_\_\_

Liquor Liability Claims Yes  No  \_\_\_\_\_

**Additional Interests**

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests

There are Additional Interests listed of this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below.

If the box above is not checked it is understood that there are no Additional Interests to this application

Select type >> Additional Insured Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

Select type >> Additional Insured Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

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Address \_\_\_\_\_  
City, State and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

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City, State and ZIP \_\_\_\_\_  
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City, State and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

Select type >> Additional Insured Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

**Additional Owners/Shareholders**

**Must Be Completed and Signed By All Owners/Shareholders To Bind**

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

The signing of this application does not bind the Applicant nor any company to complete the Insurance, but it is agreed that the information contained herein, and on any additional pages, if any, shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. I hereby authorize RCA to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Must Be Signed by All Owners to Bind)

Are you the controlling agent on this account? Yes  No

Agent MALCOLM & PARSONS INSURANCE Producer JIM MORAN

Address 6 FREEMAN ST - PO BOX 527 Phone # 781-344-3200 x 21

STOUGHTON, MA 02072-0527 Fax # 781-344-1425

Agent Signature \_\_\_\_\_ E-mail address jim@malcolmandparsons.com

**Comments/Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Workers Compensation Insurance Questionnaire

**Please fax or mail a copy of your Workers' Comp Declaration pages of your current policy or your renewal quote to assure maximum credits.**

**Fax to 781-344-1425 attention Jim Moran or email to [jrm@malcolmandparsons.com](mailto:jrm@malcolmandparsons.com)**

Company Name:

Address:

Contact:

Years in Business:

Business Phone:(      )

Fax:(      )

Federal ID #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

COVERAGE	EXPIRATION DATE	PREMIUM	INSURANCE COMPANY
Workers' Comp			

**Workers Comp Class Codes & Payroll For Each Code: (located on declaration page of WC policy)**

Classification	⇒	⇒	⇒	⇒
Payroll	⇒ \$	⇒ \$	⇒ \$	⇒ \$
# of employees	⇒ full: part:	⇒ full: part:	⇒ full: part:	⇒ full: part:
Experience Mod				

Officers: President:

Salary:

Class Code:

Treasurer:

Salary:

Class Code:

Clerk:

Salary:

Class Code:

Brief description of your business:

Are employee health plans provided:      ( )No ( )Yes    If yes, Health Carrier:

Do any of your employees travel out of state:    ( )No ( )Yes    If yes to what states

Any employees under 16 or over 60 years old:    ( )No ( )Yes

Tell me about your past claims within the past 3 years:

Would you like a quote on your Liability & Commercial Auto:    No(    )    Yes(    )

***Malcolm & Parsons Insurance Agency, Inc.***

6 Freeman St. – P.O. Box 527, Stoughton, MA 02072-0527

(781)344-3200, fax (781)344-1425