

**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 \_\_\_\_\_ Distance Apart: \_\_\_\_\_  
Right: \_\_\_\_\_ Distance Apart: \_\_\_\_\_  
Rear: \_\_\_\_\_ Distance Apart: \_\_\_\_\_
15. Are there residents (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 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 and 26 will become 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: \_\_\_\_\_

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**Coverage can only be bound by appointed producers**