



## FOOD SERVICE/RESTAURANT AND TAVERN APPLICATION

1. Is coverage now written through your office? \_\_\_\_\_ No. of Years \_\_\_\_\_
2. How many years operated by applicant? \_\_\_\_\_
3. Show names of all individuals with interest in the business \_\_\_\_\_
4. Any Full Service Catering? \_\_\_\_\_ If yes, extent \_\_\_\_\_
5. Any Tableside Cooking? \_\_\_\_\_ If yes, extent \_\_\_\_\_
6. Any Entertainment? \_\_\_\_\_ If yes, extent \_\_\_\_\_
7. Any Dancing? \_\_\_\_\_ If yes, extent \_\_\_\_\_
8. Any Delivery? \_\_\_\_\_ If yes, extent \_\_\_\_\_
9. Public access area (square feet) \_\_\_\_\_
10. Is this a year-round business? \_\_\_\_\_ Hours open \_\_\_\_\_
11. Percent of business in food? \_\_\_\_\_ Drinks? \_\_\_\_\_
12. Are there any firearms kept on the premises? \_\_\_\_\_
13. Do you employ any security personnel or bouncers? \_\_\_\_\_
14. Is there an automatic extinguishing system covering cooking equipment? \_\_\_\_\_
  - B. The automatic extinguishing system has been serviced within 12 months of binding date  
Date of Service is \_\_\_\_\_
15. Is there a hood and duct covering cooking equipment? \_\_\_\_\_
  - B. The hood and duct system has been serviced within 6 months of binding date  
Date of Service is \_\_\_\_\_

NB: Upon receipt of a bound food service/restaurant/tavern application Utica First Insurance Company will order a complete physical inspection of the property to be insured. If the inspection reveals information contrary to that which is attested to in this form Utica First Insurance Company will take action including **direct notice of cancellation, non-renewal or voiding of all coverage** back to policy inception date

### FRAUD STATEMENT

Any person knowingly and with intent to defraud any insurance company or other person files a 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. (Ohio).

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (New York).

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 such person to criminal and civil penalties. (PA only).

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_