

# **ASSOCIATED RESTAURANT MANAGEMENT**

175 METRO CENTER BOULEVARD \* SUITE 10 \* WARWICK, RHODE ISLAND 02886  
(401) 732-4620 \* (800) 752-7521 \* FAX (401) 732-4634

## **UNDERWRITING GUIDELINES FOR ASSOCIATED RESTAURANT MANAGEMENT**

1. The program is intended to cover “true” restaurants only. The following are not acceptable:

**DISCOS, NIGHTCLUBS, SOCIAL CLUBS, RESTAURANTS WITH “HAPPY HOURS” & REDUCED PRICE DRINKS, AND DINERS (DEFINED AS 24 HOUR OPERATIONS W/ GRILL & COUNTER UP FRONT).**

2. Liquor Sales cannot exceed 50%.
3. Catering operations when incidental to restaurant operations are acceptable provided their sales are no greater than 15% of total restaurant sales.
4. Special Events (i.e. any outside catered event) must be specially approved by underwriters and may be subject to an additional flat charge.
5. **No Fast Food Restaurants or Franchises will be considered.**
6. Restaurants with dance floors, bands, dinner theater, doormen/bouncers are not eligible.
7. No coverage (property or liability) on docks, piers and wharves.
8. 3-year loss runs or loss letter from insured are required prior to binding.
9. Signed tax forms or letter from insured’s accountant evidencing restaurant sales may be requested if there is a discrepancy between application and inspection report.
10. All applications must be signed by both the Producer and Insured prior to binding.
11. Seasonal exposures (open less than eight (8) consecutive months) are not eligible.
12. New ventures are acceptable if owner (s) have previously owned or operated a successful restaurant for 3 years. You must include names and addresses of all previously owned restaurants on the application.
13. If the restaurant has been open for less than three years, give prior experience of all owners including: name & address of restaurant, and number of years owned.
14. The restaurant must occupy 50% or more of the building if coverage on a multiple occupancy building is requested.

**15.** There will be a fully automatic extinguishing system over all cooking surfaces. This extinguishing system will be an approved make and installed by a qualified contractor  
**UNDERWRITING GUIDELINES** page 2

**16.** The commercial cooking exhaust system must be cleaned by a qualified exhaust system cleaning company on a quarterly contractual basis with a certificate of compliance posted in the kitchen.

**17.** There will be a manual pull chain on the Extinguishing System.

**18.** Cooking Units will have automatic shut offs and remote manual shut offs.

**19.** Soiled linens should be stored in an approved fire rated metal container with a self-closing lid.

**20.** No Hired & Non-Owned coverage if the restaurant makes deliveries by vehicle.

# ASSOCIATED RESTAURANT MANAGEMENT

175 METRO CENTER BOULEVARD \* SUITE 10 \* WARWICK, RHODE ISLAND 02886  
(401) 732-4620 \* (800) 752-7521 \* FAX (401) 732-4634

## APPLICATION FOR RESTAURANT INSURANCE PROGRAM

RESTAURANT NAME: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

INDIVIDUAL: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ CORPORATION \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

YEARS OF RESTAURANT EXPERIENCE: \_\_\_\_\_ AT THIS LOCATION: \* \_\_\_\_\_ AS AN OWNER: \_\_\_\_\_

\*IF LESS THAN 3 YEARS AT THIS LOCATION, PLEASE GIVE PRIOR EXPERIENCE OF ALL OWNERS (NAME OF RESTAURANT, CITY, STATE & NUMBER OF YEARS: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF RESTAURANT: FAMILY STYLE \_\_\_\_\_ CAFÉ \_\_\_\_\_ WHITE TABLECLOTH \_\_\_\_\_ ETHNIC \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_ TO \_\_\_\_\_ DAYS WEEKLY

HOURS OF BAR OPERATION ( IF DIFFERENT FROM OPERATIONS: \_\_\_\_\_ TO \_\_\_\_\_

SEASONAL: \_\_\_\_\_ IF SO, MONTHS OF OPERATIONS \_\_\_\_\_

ENTERTAINMENT: \_\_\_\_\_ IF SO, WHAT TYPE: \_\_\_\_\_

HOW MANY NIGHTS WEEKLY?: \_\_\_\_\_ IS THERE A DANCE FLOOR?: \_\_\_\_\_

SIZE OF DANCE FLOOR: \_\_\_\_\_ ARE THERE ANY DOORMEN OR BOUCERS: \_\_\_\_\_

PLEASE EXPLAIN: \_\_\_\_\_

EFFECTIVE DATE OF COVERAGE: \_\_\_\_\_ PHOTO OF RESTAURANT ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

IF A QUOTATION IS PROVIDED TO YOU FOR THE COVERAGE CHOSE, IT WILL BE BASED ON THE INFORMATION IN THIS APPLICATION. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE COMPANY, BUT IT IS AGREED THAT THE INFORMATION CONTAINED HEREIN SHALL BE THE BASIS OF THE CONTRACT SHOULD POLICIES BE ISSUED. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. BY AFFIXING SIGNATURE TO THIS APPLICATION AND IF THE APPLICATION IS ACCEPTED FOR THE PURCHASE OF INSURANCE THROUGH THE ARM ASSOCIATION, I UNDERSTAND THAT I AM A MEMBER OF SAID ASSOCIATION AND SUBJECT TO THE TERMS AND CONDITIONS OF ITS BY-LAWS.

\_\_\_\_\_  
INSURED'S SIGNATURE/TITLE DATE

\_\_\_\_\_  
BROKER'S SIGNATURE DATE

# PROPERTY SECTION

A. BUILDING LIMIT: \_\_\_\_\_ MORTGAGEE: \_\_\_\_\_

B. CONTENTS LIMIT: \_\_\_\_\_

C. SIGN LIMIT: \_\_\_\_\_

D. LOSS OF RENTS: \_\_\_\_\_

E. BUSINESS INTERRUPTION: \_\_\_\_\_ (ACTUAL LOSS SUSTAINED) \_\_\_\_\_

F. EXTRA EXPENSE: \_\_\_\_\_

G. VALUABLE PAPERS: \_\_\_\_\_ (AMOUNT EXCESS OF \$50,000)

H. ACCOUNTS RECEIVABLE: \_\_\_\_\_ (AMOUNT EXCESS OF \$25,000)

ADDITIONAL EXPOSURES FOR CONSIDERATION: (DWELLING, ON PREMISES BLDG, OFFICE, ETC.) PLEASE SPECIFY AMOUNT, WHERE LOCATED AND INCLUDE DESCRIPTION:

I. AMOUNT: \_\_\_\_\_ - \_\_\_\_\_

FOR DETACHED BUILDINGS – CONSTRUCTION: \_\_\_\_\_ SQ. FT.: \_\_\_\_\_

TOTAL PROPERTY VALUES A-I \_\_\_\_\_

CONSTRUCTION: \_\_\_\_\_ SPRINKLERED: \_\_\_\_\_

AGE OF BLDG: \_\_\_\_\_ # OF STORIES \_\_\_\_\_ # OF MEANS OF EGRESS \_\_\_\_\_ # EMERGENCY LIGHTING \_\_\_\_\_

ARE EXITS SIGNS MARKED \_\_\_\_\_ CENTRAL STATION ALARM \_\_\_\_\_ HOOD & DICT EXTINGUISHING SYSTEM \_\_\_\_\_

NAME OF CONTRACTOR OR COMPANY WHO SERVICES, TESTS & RECHARGES AUTOMATIC PROTECTION

DEVICES (ANSUL SYSTEM) \_\_\_\_\_

IS THIS LOCATION CURRENTLY UNDER RENOVATION OR IS ANY RENOVATION CONTEMPLATED WITHIN THE NEXT 5 MONTHS? – PLEASE EXPLAIN AND GIVE DATE OF COMPLETION: \_\_\_\_\_

IS RESTAURANT SOLE OCCUPANT OF BUILDING? \_\_\_\_\_

OTHER OCCUPANCY? – DESCRIBE: \_\_\_\_\_

## COASTAL INFORMATION:

IS THIS PROPERTY LOCATED NEAR ANY COAST LINE? \_\_\_\_\_ APPROXIMATELY HOW MANY FEET \_\_\_\_\_

INSPECTION CONTACT AND PHONE NUMBER \_\_\_\_\_

## **LIABILITY SECTION**

FOOD SALES: \_\_\_\_\_ LIQUOR SALES: \_\_\_\_\_ TOTAL: \_\_\_\_\_

% INSIDE CATERING: ? \_\_\_\_\_ WHAT TYPE OF FUNCTIONS?: \_\_\_\_\_

SQ. FT. OF RESTAURANT: \_\_\_\_\_ SQ. FT. OF PARKING LOT: \_\_\_\_\_

DOES PARKING LOT ADJOIN THE RESTAURANT EXIT?: \_\_\_\_\_

IS THERE OFF PREMISES PARKING? \_\_\_\_\_ VALET? \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_ SQ. FT. \_\_\_\_\_

ARE THERE ANY OTHER ON PREMISES OR OFF PREMISES EXPOSURES YOU WISH CONSIDERED (GIFT SHOP, OFFICE, PREMISES SIGN COVERAGE, BAKERY, DELI, ETC?) PLEASE DESCRIBE AND GIVE RECEIPTS: \_\_\_\_\_

DO YOU DELIVER?: \_\_\_\_\_ METHOD? eg Bike/Car etc.: \_\_\_\_\_ PERCENTAGE OF SALES FROM DELIVERY: \_\_\_\_\_

HISTORICAL SALES:  
1<sup>ST</sup> PRIOR YR. \_\_\_\_\_ 2<sup>ND</sup> PRIOR YR. \_\_\_\_\_ 3<sup>RD</sup> PRIOR YR. \_\_\_\_\_

HAS A PETITION FOR BANKRUPTCY BEEN FILED? \_\_\_\_\_ PLEASE EXPLAIN \_\_\_\_\_

ADDITIONAL INSUREDS AND INTEREST: \_\_\_\_\_

LOSS HISTORY: LOSSES OER \$25,000 \*\* \_\_\_\_\_

\*\* ATTACHED THREE YEAR LOSS RUNS \*\*

## **LIQUOR LAW LIABILITY SECTION**

HAVE THERE BEEN ANY LIQUOR BOARD VIOLATINS? \_\_\_\_\_ PLEASE LIST: \_\_\_\_\_

HAVE YOU HAD ANY LIQUOR LAW LIABILITY LOSSES IN THE LAST 5 YEARS? (EVEN IF NO PRIOR COVERAGE, ALL LOSSES MUST BE EXPLAINED):

HAVE YOU EVER BEEN DENIED LIQUOR LIABILITY COVERAGE? \_\_\_\_\_ WHY? \_\_\_\_\_  
(THIS QUESTION MUST BE ANSWERED EVEN IF NO CURRENT COVERAGE)

ANY ALCOHOL SPECIALS PROMOTIONS ETC; "HAPPY HOUR" "TWO FOR ONE"? \_\_\_\_\_

HAVE YOUR BAR SERVICE PERSONNEL RECEIVED ANY BAR SERVICE TRAINING SUCH AS THE TIPS PROGRAM? \_\_\_\_\_ WHICH COURSE \_\_\_\_\_

**OPTIONAL COVERAGES:**

**CRIME COVERAGE**

(INSERT LIMITS)

\* MONEY ON PREMISES \$ \_\_\_\_\_ MONEY OFF PREMIES \$ \_\_\_\_\_

EMPLOYEE DISHONESTY \$ \_\_\_\_\_ DEPOSITORS FORGERY \$ \_\_\_\_\_

NOTE: CRIME DEDUCTIBLE \$ 1,000 MINIMUM EACH LOSS AND SEPARATE FROM PROPERTY DEDUCTIBLE.

- COVERAGE IS LIMITED TO \$150.00 WHEN PREMISES ARE CLOSED AND VACATED BY ALL EMPLOYEES EXCEPT MONEY AND SECURITIES WITHIN A LOCKED SAFE OR VAULT.

HAVE THERE BEEN ANY CRIME LOSSES IN THE LAST THREE YEARS? \_\_\_\_\_

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

**CHECK ROOM LIABILITY**

\*CHECK ROOM LIABILITY IS OPTIONAL. PEASE COMPLETED THIS SECTION ONLY IF SUCH COVERAGE IS DESIRABLE.

1. IS THERE AN ATENDANT ON DUTY AT ALL TIMES? \_\_\_\_\_

2. IS THERE A TICKET SYSTEM? \_\_\_\_\_

3. AVERAGE NUMBER OF TICKETED ITEMS PER DAY: \_\_\_\_\_

4. PREVIOUS INSURANCE: \_\_\_\_\_ WITH: \_\_\_\_\_

5. LOSSES IN THE LAST 5 YEARS FOR CHECK ROOM LIABILITY: \_\_\_\_\_

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

6. LIMIT ANY ONE LOSS: \_\_\_\_\_ \$10,000 DED. \$ 100.00 (\$5,000 MAXIMUM ANY ONE ARTICLE

\_\_\_\_\_ \$15,000 DED. \$ 250.00 (\$7,500 MAXIMUM ANY ONE ARTICLE

\_\_\_\_\_ \$20,000 DED. \$ 250.00 (\$10,000 MAXIMUM ANY ONE ARTICLE

PLEASE NOTE: COVERAGE IS ONLY AFFORDED IF THERE IS AN ATTENDANT ON DUTY AND A TICKET SYSTEM USED.

**BOILER & MACHINERY**

COMPLETED THIS SECTION IF A QUOTE IW DESIRE FOR BOILER & MACHINERY: YES \_\_\_\_\_ NO \_\_\_\_\_

# SUPPLEMENTAL INFORMATION APPLICATION

(TO BE COMPLETED BY BROKER/SALESMAN)

ARE YOU THE CURRENT BROKER ON THIS ACCOUNT? \_\_\_\_\_ WHO IS? \_\_\_\_\_

HAS THIS EVER BEEN IN THE ASSOCIATED RESTAURANT PROGRAM? \_\_\_\_\_ WHEN?: \_\_\_\_\_

WHY WAS IT TAKEN OUT? \_\_\_\_\_

EXPIRATION OF CURRENT POLICY: \_\_\_\_\_ QUOTE NEEDED BY: \_\_\_\_\_

PROPERTY PREMIUM ON CURRENT POLICY: \$ \_\_\_\_\_ WITH \_\_\_\_\_ (CO)

LIABILITY PREMIUM ON CURRENT POLICY: \$ \_\_\_\_\_ WITH \_\_\_\_\_ (CO)

LIQUOR LIABILITY PREMIUM ON CURRENT POLICY: \$ \_\_\_\_\_ WITH \_\_\_\_\_ (CO)

UMBRELLA PREMIUM ON CURRENT POLICY: \$ \_\_\_\_\_ WITH \_\_\_\_\_ (CO)

HAVE YOU RECEIVED A RENEWAL QUOTE? \_\_\_\_\_ PREMIUM: \_\_\_\_\_

WHAT PREMIUM IS NEEDED? \_\_\_\_\_

WHAT PROPERTY DEDUCTIBLE IS REQUESTED? \$1,000 \_\_\_\_\_

**CURRENTLY-VALUED LOSS RUNS FOR PAST 3 YEARS (ALL LINES OF COVERAGE) MUST BE ATTACHED. THE APPLICATION MUST BE COMPLETED IN FULL INCLUDING THE SIGNATURES OF THE BROKER/ INSURED ON PAGE #1 IN ORDER TO RECEIVE CLEARANCE**

**ASSOCIATED RESTAURANT MANAGEMENT**

**(800)752-7521 \*\* (401)732-4620 FAX (401)732-4634**

**UMBRELLA SUPPLEMENTAL APPLICATION**

**RESTAURANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**BROKER:** \_\_\_\_\_

**TYPE OF RESTAURANT:** \_\_\_\_\_

**IS THERE ANY DELIVERY EXPOSURE:** \_\_\_\_\_

**IF YES, PERCENTAGE:** \_\_\_\_\_

**NUMBER OF BUSINESS OWNED PRIVATE PASSAGER TYPE VEHICLES:** \_\_\_\_\_

**NUMBER OF BUSINESS OWNED COMMERCIAL TYPE VEHICLES:** \_\_\_\_\_