



## Supplemental Cooking Application

Insured:  
Submission #

Date:

---

### General Information

Does Insured or Officer of corporation own building?  Insured  Officer

How long has insured operated or managed similar operations?

Years at present location:

Buying existing restaurant?

Presently open?

If not, target date:

Renovating?

Age of building:

Systems updated:

What year?

Electric:

Roof:

Plumbing:

Heating:

Other:

Square Footage:

Public:

Non-public:

Parking:

Hours of Operation:

Time open:

Time closed:

Days open: Sun  Mon  Tue  Wed  Thu  Fri  Sat

Central Station alarm: Fire

Burglar

Fully Sprinklered

Seating Capacity:

Number of Tables:

Table service?

Does the bar have a seating area?

Number of seats:

Table service?

Service bar only?

Gross annual receipts:

Food:

Beer/Wine:

Alcohol:

Any entertainment/dancing/off-premises operations, explain in full:



## Associated Mutual Insurance Cooperative

---

### **Kitchen Equipment**

Number of ranges:

Type:

Total number of burners:

Freestanding broilers:

Char-broilers:

Grills:

Pizza Ovens:

Microwaves:

Deep fat fryers:

Wokstoves:

Other:

---

### **Cooking Protection (Attach paid contractor bills)**

Automatic Fire Suppression System<sup>1</sup>:

Date last inspected and tagged:

Name of Contractor:

Under contract?

How often serviced?

Exhaust – Hood Duct System<sup>1</sup>:

Name of Contractor:

Under contract for cleaning?

Date last cleaned:

Frequency:

Filters:

Type:

How often cleaned?

Fire extinguishers:

---

### **Any Lotto, Carton Cigarettes, Video Rental or Gasoline Sales?**

Annual Receipts:

<sup>1</sup>: Automatic fire suppression system and exhaust system must have current inspection tags, indicating service within the last year, to bind coverage. Semi-annual checking and tagging of automatic fire suppression system is mandatory. Semi-annual or quarterly cleaning of the exhaust system may be required by the company, depending on the nature and operations of the risk.