

**UTICA FIRST INSURANCE COMPANY  
RESTAURANT AND TAVERN APPLICATION**

THIS MUST ACCOMPANY PROPER ACORD APPLICATION FORMS

(Coverage may not be bound without Company approval - Authorizations are subject to inspection by the Company)

- 1 Insured (including Trade Name) \_\_\_\_\_
- 2 Business Phone No \_\_\_\_\_ Protection Class \_\_\_\_\_
- 3 Is coverage now written through your office? \_\_\_\_\_ No of Years \_\_\_\_\_
- 4 Loss record past three years (show date, cause of loss and amount) \_\_\_\_\_  
\_\_\_\_\_
- 5 How many years has business been at this location? \_\_\_\_\_
- 6 How many years operated by applicant? \_\_\_\_\_
- 7 Show names of all individuals with interest in the business \_\_\_\_\_
- 8 Who runs the business? \_\_\_\_\_  
Contact name & phone number (for inspection purposes) \_\_\_\_\_
- 9 Do you know and recommend the applicant, without qualification? \_\_\_\_\_
- \*10 Any entertainment? \_\_\_\_\_ Dancing? \_\_\_\_\_ Sports sponsored? \_\_\_\_\_
- 11 Any delivery? \_\_\_\_\_ If yes, extent \_\_\_\_\_
- 12 Public access area (square feet) \_\_\_\_\_ Parking area (square feet) \_\_\_\_\_
- 13 Is this a year-round business? \_\_\_\_\_ Hours open \_\_\_\_\_
- 14 Percent of business in food? \_\_\_\_\_ Drinks? \_\_\_\_\_
- 15 A Is there an automatic extinguishing system covering cooking equipment? \_\_\_\_\_  
B Is there a semi-annual service contract in place for the suppression system? \_\_\_\_\_
- 16 Are there any firearms kept on the premises? \_\_\_\_\_
- 17 A Describe housekeeping conditions and particularly cleaning of hoods & ducts? \_\_\_\_\_  
\_\_\_\_\_  
B Is there a cleaning contract in place for hoods & ducts? \_\_\_\_\_  
C Frequency Annual \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Quarterly \_\_\_\_\_

**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)

Agency Name & Location _____	Insured's Signature _____	Date _____
_____	Agent's Signature _____	Date _____
_____	See Side 2 for Liquor Liability Application	