



MANUFACTURED HOUSING COMMUNITIES RESTAURANT SUPPLEMENTAL APPLICATION

Applicant's/Insured's Name: _____

Policy Number, if known: _____

Equipment

1. Indicate which of the following apply, and the number of each:

Broilers		Griddles		Ovens	
Deep Fryers		Grills		Ranges	

2. Indicate type of protection system:

- Dry Chemical
 Wet Chemical
 Co2
 Other

Vents, Hoods, & Ducts

3. Are all cooking units covered by hoods and vents? Yes No
4. Are vents protected by filters or grease extractor system? Yes No
5. Are hoods vented to the outside ducts? Yes No
6. Do vents extend into or through roof space or other concealed areas? Yes No
7. Is there a contract with a commercial firm to clean and service the exhaust system? Yes No

Protection

8. Is there a UL approved automatic extinguishing system over all cooking surfaces and fryers? Yes No
9. Is there an automatic fuel (gas or electric) shut-off for cooking with manual pull? Yes No
10. Are portable fire extinguishers mounted and accessible to cooking areas? Yes No
11. How often are hoods and ducts cleaned under contracts?
 Monthly
 Quarterly
 Semi Annually
 Annually
12. Do you have an annual service contract in place for fire protection? Yes No
13. Are deep fryers equipped with an automatic thermostat shutoff if temperature exceeds four hundred and seventy-five degrees (475°)? Yes No

A copy of the Certificate of Insurance showing insured as an Additional Insured must be attached with application.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNINGS:

FRAUD WARNING: 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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN THE STATE OF NEW YORK (Other than Automobile):

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.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S NAME: _____ DATE: _____