


SOLUTIONS SPECIALTY
 INSURANCE BROKERS

4437 E. SLAUSON AVE, MAYWOOD CA 90270 <> TEL : (323) 771-0777 , FAX(323) 771-9977.
 License Number: 0D60846

Top Bop Underwriting Supplemental Questionnaire
RESTAURANTS

Please answer ALL of the following questions.

Date: _____

Insured: _____ dba _____

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| 1. Is it a Restaurant Risk? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2. Are there any "Lazy Susans" on premises?
If yes, how many of them? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ Lazy Susans |
| 3. Does the insured have open flame cooking area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4. Is there an ANSUL extinguishing system installed
in the hood in the cooking area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 5. What is the last service date for the ANSUL
system? | | | Last Service Date:
_____ |
| 6. When was the last date that the cooking hood was
cleaned? | | | Last Service Date:
_____ |
| 7. Do they have sprinkler (100% covered insured
premises)? If yes, please take a picture of a
sprinkler head for our file. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 8. How many fire extinguishers on premises? | | | _____ Extinguishers |
| 9. Do they have central burglar alarm installed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 10. What is the name and the phone number of the
alarm company? | | | |

Alarm Company Name: _____ Phone _____

Brief description of business nature:

Insured Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Warranty: The purpose of this supplemental questionnaire is to assist in the underwriting process information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This supplemental questionnaire shall be the basis of any insurance that may be issued and will be a part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage or recession of policy and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given. Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim coverage 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 the person to criminal and civil penalties.