



COMMERCIAL COOKING SUPPLEMENTAL APPLICATION

Please complete this supplemental application for each location with commercial cooking equipment.

Named Insured _____

Name of the Facility or organization _____

Location Address: _____

- 1. Gross annual sales: _____
- 2. If food is not sold, how many meals are served annually? _____
- 3. Please indicate all cooking equipment applicable at your premises?
 Grill Deep Fryer Broiler Other commercial appliance(s): _____
- 4. Is automatic fire extinguishing system provided for all cooking surfaces? Yes No
- 5. Is cleaning and service provided under a service agreement with a contractor? Yes No
- 6. Indicate all other fire protection applicable at your premises:
 Fire extinguishers: How many? _____
 Wet sprinklers
 Dry sprinklers
 Other: _____
- 7. Ducts are located:
 On an interior wall On an exterior wall

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact.

THE APPLICANT ACCEPTS NOTICE THAT HE/SHE IS REQUIRED TO PROVIDE WRITTEN NOTIFICATIONS TO THE COMPANY OF ANY CHANGES IN THE RESPONSES GIVEN TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Date Signed

Signature of Applicant

Name and Title