



**COLONY INSURANCE COMPANY
RESTAURANT PDQ
SUPPLEMENTAL APPLICATION**

RDS GROUP

4601 Westown Parkway • Suite 122
Address: **West Des Moines, IA 50266-1071**

Phone: _____

Fax: _____

Date: _____

Insured: _____ Location: _____

GENERAL INFORMATION

Receipts: Total: \$ _____
Food: \$ _____
Liquor: \$ _____
Other: \$ _____

Total Employees: FT _____ PT _____
Bar Tenders: FT _____ PT _____
Servers: FT _____ PT _____

Operating Hours: _____
Days: _____

Premises: Owned _____ Leased _____
Total Area: _____ sq. ft.
Area occupied by Insured: _____
Seating Capacity: _____

Are owners active in business? _____
Years of Experience: _____

Dance floor? Yes _____ No _____

Any entertainment provided? (If so, specify) _____

Any cooking done? Yes _____ No _____ If yes, describe: _____

Cooking controls: Ansul system? Yes _____ No _____
Service Agreement? Yes _____ No _____

Frequency of service & cleaning: Ansul _____ Hoods/Ducts _____

Retailer visited & recommended risk? _____ (Submit if "no")

Any firearms on premises? Yes _____ No _____

LIQUOR INFORMATION

Is Liquor Liability to be quoted through Colony Insurance?

If Yes:

- Advise type of training of Owners, Managers, Employees: _____
- Liquor License Held: Beer/Wine _____ Liquor _____ Both _____
- List and Describe all State Liquor Losses in Past Three Years. _____
None
- List and Describe all State Liquor Violations in Past Three Years. _____
None

If No:

- Advise Carrier, limits of coverage, effective dates, and policy number. _____
No Coverage

I hereby certify that all information is accurate to the best of my knowledge:

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____