



**ASSOCIATED MUTUAL  
INSURANCE COMPANY**  
WOODRIDGE, NEW YORK 12789

**SUPPLEMENTAL COOKING APPLICATION**

Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Submission #: \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS.

**1. GENERAL INFORMATION**

Does Insured or officer of corporation own building: \_\_\_\_\_  
How long has Insured operated or managed similar operations: \_\_\_\_\_  
Years at present location: \_\_\_\_\_ Buying existing restaurant?: \_\_\_\_\_  
Presently open?: \_\_\_\_\_ If not, target date: \_\_\_\_\_ Renovating?: \_\_\_\_\_  
Age of building?: \_\_\_\_\_ Systems updated? \_\_\_\_\_  
What year?: Electric: \_\_\_\_\_ Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Other: \_\_\_\_\_  
Sq. footage: Public: \_\_\_\_\_ Non-public: \_\_\_\_\_ Parking: \_\_\_\_\_  
Hours of operation: Hour Open: \_\_\_\_\_ Hour Closed: \_\_\_\_\_ Days open: \_\_\_\_\_  
Central Station alarm: Fire: \_\_\_\_\_ Burglar: \_\_\_\_\_ Fully sprinklered: \_\_\_\_\_  
Seating Capacity: \_\_\_\_\_ Number of tables: \_\_\_\_\_ Table service?: \_\_\_\_\_  
Any entertainment/dancing/off premises operations: - Explain in full: \_\_\_\_\_  
Gross annual receipts: Food \$ \_\_\_\_\_ Beer/Wine \$ \_\_\_\_\_ Alcohol \$ \_\_\_\_\_

**2. KITCHEN EQUIPMENT**

Ranges: # \_\_\_\_\_ Type: \_\_\_\_\_ Total # of burners: \_\_\_\_\_ Freestanding broilers: # \_\_\_\_\_  
Char-Broilers: # \_\_\_\_\_ Grills: # \_\_\_\_\_ Pizza ovens: # \_\_\_\_\_ Microwaves: # \_\_\_\_\_  
Deep fat fryers: # \_\_\_\_\_ Wokstoves: # \_\_\_\_\_ Other: \_\_\_\_\_

**3. COOKING PROTECTION (Attach paid contractors bills)**

Automatic Fire Suppression System\* (i.e. Ansul, Kidde, etc.)

Date last inspected and tagged: \_\_\_\_\_ Name of Contractor: \_\_\_\_\_  
Under contract?: \_\_\_\_\_ If yes, how often serviced: \_\_\_\_\_

Exhaust - Hood Duct System\*

Name of Contractor: \_\_\_\_\_ Under contract for cleaning?: \_\_\_\_\_  
If yes, date last cleaned: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Filters - Type: \_\_\_\_\_ How often cleaned?: \_\_\_\_\_  
Fire extinguishers: # \_\_\_\_\_

4. Any Lotto, Carton Cigarettes, Video rental or Gasoline Sales?: \_\_\_\_\_  
Annual receipts: \$ \_\_\_\_\_

\* AUTOMATIC FIRE SUPPRESSION SYSTEM AND EXHAUST SYSTEM MUST HAVE CURRENT INSPECTION TAGS, INDICATING SERVICE WITHIN THE LAST YEAR, TO BIND COVERAGE. SEMI-ANNUAL CHECKING AND TAGGING OF AUTOMATIC FIRE SUPPRESSION SYSTEM IS MANDATORY. SEMI-ANNUAL OR QUARTERLY CLEANING OF THE EXHAUST SYSTEM MAY BE REQUIRED BY THE COMPANY, DEPENDING UPON THE NATURE AND OPERATIONS OF THE RISK.