

**THE ANDOVER COMPANIES SUPPLEMENTAL APPLICATION (Food Service)**

**I. Building Area**

- A. Total Floor Area of Building: \_\_\_\_\_ Sq. Ft.  
B. Total Floor Area Occupied by Restaurant: \_\_\_\_\_ Sq. Ft.

**II. Cooking Equipment (on premises of restaurant)**

- A. Is there deep fat frying on the premises?  
(open pan frying is unacceptable) \_\_\_\_\_
- B. Is there a "wet" automatic extinguishing system which is UL 300  
compliant covering all cooking surfaces and equipment?  
"Dry" systems are unacceptable. \_\_\_\_\_
- C. Is there a maintenance contract for cleaning the  
automatic extinguishing system (including hood,  
ducts and filters)? \_\_\_\_\_  
1. How often does the contract provide for  
service and cleaning? \_\_\_\_\_
- D. Are there "solid" filters protecting the hood and  
duct system? \_\_\_\_\_
- E. How many feet does the cooking duct "run" from  
the cooking equipment to the exterior of the  
building? (Maximum "run" acceptable is 10 feet  
under normal circumstances) \_\_\_\_\_
- F. (Frame buildings only) - Is there any vertical cooking  
duct or vent on the outside of the building? \_\_\_\_\_

**III. Age of Building - If constructed prior to 1970, please complete below:**

- A. Roof: Age and Condition of Roof Flashing \_\_\_\_\_
- B. Heating System: Central \_\_\_\_\_ Age \_\_\_\_\_
- C. Electrical System: Circuit Breakers \_\_\_\_\_ Fuses \_\_\_\_\_
- D. Plumbing: Type ( i.e. Galvanized, Brass, Copper, PVC ) \_\_\_\_\_
- E. Windows: Wood or Metal \_\_\_\_\_

**IV. General - Complete only if we are insuring the food service operation itself:  
(see Food Service section of BOP Manual for additional underwriting parameters)**

- A. Has the insured been in business at least one year at this location? \_\_\_\_\_
- B. Three year hard copy loss runs from the previous carrier. \_\_\_\_\_  
(Loss runs from agent's records do not meet this criteria.)
- C. Annual Sales \_\_\_\_\_
- D. Expiring or Target premium \_\_\_\_\_
- E. Is beer, wine or liquor served? \_\_\_\_\_
- F. Is there a bar or lounge? (Service bar only is acceptable) \_\_\_\_\_

**V. Inspection Contact**

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_