



REGIS RESTAURANT SUPPLEMENT

P.O. Box 686 Southeastern, PA 19399
Phone 610-647-1280 Fax 610-647-4630

PRODUCER

- 1) PRODUCER— COMPANY NAME _____
- 2) PRODUCER— AGENT NAME _____

APPLICANT INFORMATION

- 3) RISK NAME _____
(Please fill out a separate application for each building at a Risk Address)
- 4) RISK ADDRESS _____
- 5) BUILDING NUMBER FOR RISK _____
(Enter 1st, 2nd, 3rd, etc. to indicate to which building at the Risk Address this Supplement applies)
- 6) YEARS AT ADDRESS _____
- 7) IF < 3 YEARS, DETAIL PRIOR EXPERIENCE _____

PREMISES INFORMATION

- 8) FIRE ALARM? YES NO 9) CENTRAL STATION? YES NO
- 10) BURGLAR ALARM? YES NO 11) CENTRAL STATION? YES NO
- 12) SPRINKLER SYSTEM? YES NO 13) CENTRAL STATION? YES NO
- 14) COMMERCIAL COOKING? YES NO
- 15) AUTO EXTINGUISHING SYSTEM? YES NO 16) AUTO FUEL SHUT OFF? YES NO
- 17) IF NOT PROTECTED BY A.E.S, LIST ALL COOKING EQUIP _____
- 18) FREQUENCY OF SERVICE/CLEANING OF HOOD, DUCT & A.E.S _____ (months)
(WE REQUIRE OUTSIDE, QUALIFIED CONTRACTOR TO CLEAN/SERVICE ABOVE SYSTEMS ON AT LEAST A SIX MONTH BASIS.)
- 19) TOTAL AREA OF BLDG _____(SqFt) 20) AREA OCCUPIED. BY APPLICANT _____(SqFt)
- 21) AREA & OCCUPANCY OF EACH FLOOR _____(SqFt)
- 22) AREA OCCUPIED AS BANQUET HALLS _____(SqFt) NON PUBLIC AREA _____(SqFt)
- 23) ANY HABITATIONAL EXPOSURES? YES NO IF ANY, PLEASE DESCRIBE _____

BUSINESS INFORMATION

- 24) GROSS RECEIPTS _____ 25) ALCOHOL _____ 26) FOOD _____
- 27) ADMISSION/MEMBERSHIP FEES _____ 28) OFF PREMISES CATERING _____
- 29) PAYROLL _____ 30) ALL OTHER (DESCRIBE) _____
- 31) HOURS OF OPERATION FROM _____ TO _____ DAYS/WEEK _____
FROM _____ TO _____ WEEKENDS
- 32) DOES BAR EVER CONTINUE TO SERVE LIQUOR AFTER KITCHEN CLOSES? YES NO
- 33) IF YES, LIST WHAT DAYS AND UNTIL WHAT TIME _____
- 34) LIST ALL TYPES OF ENTERTAINMENT _____
- 35) BOUNCER/DOORMEN? YES NO 36) DELIVERY SERVICE? YES NO
- 37) DANCING ALLOWED? YES NO 38) SIZE OF DANCE FLOOR _____ (SqFt)