



AmTrust North America
An AmTrust Financial Company

Supplemental Application

Restaurant & Bar

1. Has this business been in operation for at least three years with prior workers compensation coverage? ☐ Yes ☐ No
2. Does the application show the prior carrier and loss information? ☐ Yes ☐ No
3. Is the loss ratio (average annual losses / quoted premium) less than 40%? ☐ Yes ☐ No
4. Location of restaurant:
 - a. ☐ Urban ☐ Suburban ☐ Small town ☐ Rural
 - b. ☐ Mall ☐ Strip plaza ☐ Freestanding ☐ Other
5. Hours of operation:

Open after 6:00 pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open after 9:00 pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open after Midnight	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open after 2:00 am	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Receipts: Percent of total receipts
 - a. Liquor: ☐ 0% ☐ 1-20% ☐ 21-50% ☐ 51-70% ☐ 70-99% ☐ 100%
 - b. Food: ☐ 0% ☐ 1-20% ☐ 21-50% ☐ 51-70% ☐ 70-99% ☐ 100%
7. Describe any entertainment provided:

Live Music	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dancing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exotic dancers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other entertainers	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe_____
8. Do you offer delivery? ☐ Yes ☐ No
9. # Full time employees: _____
Part-time employees: _____
Maximum number of employees working at one time at a single location: _____