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| ***ENTITY INFORMATION*** |
| Named Insured:  |

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| --- |
| Name of Facility:      |
| Location Address:      |
| Gross Annual Sales: |       |
| If food is not sold, how many meals are served annually? |       |
| Please indicate all cooking equipment applicable at your premises: |
| [ ] Grill | [ ] Deep Fryer | [ ] Broiler | [ ] Other:       |
| Is the commercial kitchen UL300 Compliant? | [ ]  Yes | [ ]  No |
| Is an automatic fire extinguishing system provided for all cooking surfaces? | [ ]  Yes | [ ]  No |
| Is cleaning and service provided under a service agreement with a contractor? | [ ]  Yes | [ ]  No |
| Is cleaning and service completed on hood and ductwork at least twice a year and tagged with date of service? | [ ]  Yes | [ ]  No |
| Indicate all other fire protection applicable at your premises:      |
| [ ] Fire Extinguishers: How many?      | [ ] Wet Sprinklers | [ ] Dry Sprinklers | [ ] Other:       |
| Ducts are located: | [ ] On an Interior Wall | [ ] On an Exterior Wall |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

CLEAR RISK SOLUTIONS FAX: (509) 754-3406

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