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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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

159 BASIN STREET SW PMB #206 [briche@chooseclear.com](mailto:rross@chooseclear.com)

Ephrata, WA 98823