



Utica First Insurance Company
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FOOD SERVICE/RESTAURANT AND TAVERN APPLICATION

How many years operated by applicant?
Show names of all individuals with interest in the business
Any Off premises Catering?
If yes, extent
Any Tableside Cooking?
If yes, extent
Any Entertainment?
If yes, extent
Any Dancing?
If yes, extent
Any Delivery?
If yes, extent
Percent of business in food?
Alcohol?
Is there an automatic extinguishing system covering cooking equipment?
When was the automatic extinguishing system last serviced?
Is there a hood and duct covering cooking equipment?
Was the hood and duct system last serviced?

The undersigned is an authorized representative of the applicant and represents that a reasonable enquiry has been made to obtain the answer to the answers on this application. He/She represents that the answers are true, correct, and complete to the best of his/her knowledge.

Applicant's Signature

Date