



1712 Magnavox Way
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 CA #0334819

COOKING SUPPLEMENTAL

Insured: _____

Equipment: Indicate which of the following apply and the number of each:

Ranges _____ Ovens _____ Deep Fryers _____ Grills _____ Broilers _____ Griddles _____

1. Are deep fryers control by 475°F high-limit thermostat? Yes No
2. Is the distance between other cooking surfaces and the deep fryer a minimum of 16 inches? Yes No
3. Are all combustibile walls greater than 18 inches from the nearest cooking unit? Yes No

Vents, Hoods & Ducts: Provide the following information; note necessary details in the narrative:

1. Are all cooking units covered by hoods and vents? Yes No
2. Are vents protected by filters (not mesh type) or a grease extractor system? Yes No
 If yes, how often are they cleaned? _____ By whom? _____
3. Are hoods vented to the outside by ducts? Yes No
4. Do vents extend into or through roof space or other concealed areas? Yes No
5. Are hoods vented at least 18 inches from combustibile material or otherwise suitably protected? Yes No
6. Are adequate clean-out openings provided? Yes No
7. Is grease build-up noted anywhere on the exhaust system? Yes No
8. Is there a contract with a commercial firm to clean and service the exhaust system? Yes No
9. Does the cleaning schedule appear adequate? Yes No
10. Are wiring and lighting protected from grease build-up? Yes No
11. How often is the hood and duct system cleaned? _____ By whom? _____

Protection: Provide the following information; note necessary details in the narrative:

1. Is an automatic extinguishing system provided in the hood and duct? Yes No
 Manufacturer: _____
2. Does the system cover all cooking surfaces? Yes No
3. Is automatic fuel shut-off provided? Yes No
4. Is an accessible means of manual activation of the extinguishing system provided? Yes No
5. Are separate temperature high-limit controls provided on the deep fryers? Yes No
6. Are proper portable fire extinguisher provided in the kitchen? Yes No
7. Is maintenance contract maintained on the extinguishing system? By whom? Yes No
8. How often is the extinguishing system serviced? _____ By whom? _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)