



Restaurant/Bar/Tavern/Nightclub Questionnaire

1. **NAMED INSURED** _____

MAILING ADDRESS _____

LOCATION ADDRESS _____

2. **GENERAL INFORMATION**

Number of years in this type of business: _____ Number of years this business has been in operation: _____

Business Hours: _____ to _____ Number of days business is open per week: _____

	Yes	No			Yes	No	
Live Bands?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Female Reviews?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____
Dance Floor?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Male Reviews?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____
Dancers?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Disc Jockey?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____
Bouncers?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Pool Tables?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____

Other Types of Entertainment? Yes No
 Clientele Age: 18 - 25 25 - 35 Over 35 Years Over 50 Years
 Clientele Origins: Local Residents College Families Transient

FINANCIAL INFORMATION

a. Fiscal Year	<u>01 to 02</u>	<u>00 to 01</u>	<u>99 to 00</u>
b. Beer, Wine & Liquor Sales	\$ _____	\$ _____	\$ _____
c. Food Sales	\$ _____	\$ _____	\$ _____
d. Total[s]	\$ _____	\$ _____	\$ _____
e. Payroll Expense	\$ _____	\$ _____	\$ _____

NAME OF PERSON TO CONTACT FOR FINANCIAL RECORDS: _____
 PHONE NO: _____

3. **UNDERWRITING/SAFETY INFORMATION**

Distance from nearest: a. Responding Fire Station: _____ miles b. Fire Hydrant _____ feet
 Fire Extinguishers a. How many? _____ b. Serviced & Tagged within the past year? Yes No
 Last renovation date for: a. Heating system _____ b. Electrical system _____ c. Roof _____

4. **COOKING HAZARD QUESTIONNAIRE**

N/A No Cooking

	Yes	No
a. Is any type of cooking done on premises (please circle if microwave cooking ONLY)?	<input type="checkbox"/>	<input type="checkbox"/>
b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?	<input type="checkbox"/>	<input type="checkbox"/>
c. Semi-annual service contract for auto extinguishing system?	<input type="checkbox"/>	<input type="checkbox"/>
d. Automatic gas or electric shut off for cooking with manual pull?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are hoods and ducts equipped with filters?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are filters cleaned at a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are hoods and ducts cleaned at a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are portable fire extinguishers mounted and accessible to cooking areas?	<input type="checkbox"/>	<input type="checkbox"/>

5. GENERAL LIABILITY INFORMATION

Area of: a. Premises _____ square feet b. Parking Lot _____ square feet
 Number of Employees: Managers: _____ Bartenders: _____ Waiter/Waitresses: _____ Security/Bounders: _____
 Floor covering of areas open to public: Wood Linoleum Tile Carpet Other _____
 Surface of parking lot: Gravel Concrete Asphalt No Parking Other _____
 Number of Exits: _____ Are all exits marked with exit signs? Yes No
 Are all exits equipped with panic door hardware? Yes No
 If "No", are all exits kept unlocked during business hours? Yes No

Liquor License # _____

6. PRIOR CARRIER/LOSS INFORMATION

	<u>01/02</u>	<u>00/01</u>	<u>99/00</u>	<u>98/99</u>	<u>97/98</u>
CGL	\$	\$	\$	\$	\$
PROPERTY	\$	\$	\$	\$	\$
AUTO	\$	\$	\$	\$	\$
W.C.	\$	\$	\$	\$	\$

Describe any losses over \$2,500 in great detail:

7. AGENT SECTION

	Yes	No
a. Is this new business to the agency?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you personally viewed this building?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you personally inspected this building?		<input type="checkbox"/>
d. How long have you known the applicant?	_____ years	<input type="checkbox"/>
e. How long have you insured the applicant?	_____ years	<input type="checkbox"/>

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____

Date: _____ Producers Signature: _____