

Restaurant/Bar/Tavern/Nightclub Supplemental Questionnaire

APPLICANT INFORMATION

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Location ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

TERM: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ NEW VENTURE: YES/ NO

INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) \_\_\_\_\_

PROPOSED EFFECTIVE DATE: From: \_\_\_\_\_ To: 12:01 A.M., Standard Time at the address of the Applicant

2. GENERAL INFORMATION:

Number of years in this type of business: \_\_\_\_\_

Number of years this business has been in operation: \_\_\_\_\_

3. *FILL IN FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:*

a. Fiscal Dates (month & year)	_____	_____	_____
b. Beer, Wine & Liquor Sales	\$ _____	\$ _____	\$ _____
c. Food Sales	\$ _____	\$ _____	\$ _____
d. Total	\$ _____	\$ _____	\$ _____
e. Cover Charge	\$ _____	\$ _____	\$ _____

NAME OF PERSON TO CONTACT FOR FINANCIAL RECORDS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

4. PROPERTY COVERAGE INFORMATION

- a. Distance from nearest: Responding Fire Station \_\_\_\_\_miles; Fire Hydrant\_\_\_\_\_feet
- b. Year built \_\_\_\_\_ Number of stories\_\_\_\_ Construction Frame Other\_\_\_\_\_
- c. Total square footage of building \_\_\_\_\_
- d. Fire Extinguishers: Yes No How many?\_\_\_\_  
 Serviced & Tagged within the past year? Yes No
- e. Last date for update of following (show NA if not updated):  
 Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical system: \_\_\_\_\_ HVAC: \_\_\_\_\_  
 Central station fire or burglary alarm: \_\_\_\_\_ Central station fire: \_\_\_\_\_
- f. Sprinkler system Yes No If yes % of square footage covered by sprinkler\_\_\_\_\_
- g. Type of wiring: Copper Aluminum Type of roof: \_\_\_\_\_

5. COOKING HAZARD QUESTIONNAIRE

Yes No

- a. Is any type of cooking done on premises (please circle if microwave cooking ONLY)?
- b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?  
 Type of system: Wet Chemical (UL 300 Approved) Dry Chemical
- c. Semi-annual service contract for auto extinguishing system?
- d. Automatic gas or electric shut off for cooking with manual pull?
- e. Are hoods and ducts equipped with filters?
- f. Are filters cleaned at a MINIMUM of every six months?
- g. Are hoods and ducts cleaned at a MINIMUM of every six months?
- h. Are portable fire extinguishers mounted and accessible to cooking areas?

6. GENERAL LIABILITY INFORMATION

- a. Number of Employees: Managers:\_\_\_\_\_ Bartenders:\_\_\_\_\_ Waiter/Waitresses:\_\_\_\_\_ Security/Binders:
- b. Area of: Parking Lot\_\_\_\_\_square feet Is applicant responsible for care/maintenance of lot? Yes No
- c. Surface of parking lot: Gravel Concrete Asphalt No Parking Other\_\_\_\_\_
- d. Number of Exits: \_\_\_\_\_Are all exits marked with exit signs? Yes No
- e. Are all exits equipped with panic door hardware? Yes No  
If "No", are all exits kept unlocked during business hours? Yes No
- f. What is the building's legal capacity as established by fire marshal or fire department? \_\_\_\_\_ persons.

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery
- b. Liquor Liability

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: \_\_\_\_\_