



**Restaurant/Bar/Tavern/Nightclub Supplemental Questionnaire
(Complete in addition to Acord Application)**

1. **INSURED** _____

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Over 35 Years <input type="checkbox"/> Over 50 Years | | |
| Clientele Age: | <input type="checkbox"/> 18 - 25 | <input type="checkbox"/> 25 - 35 | | <input type="checkbox"/> Over 35 Years | <input type="checkbox"/> Over 50 Years | | |
| Clientele Origins: | <input type="checkbox"/> Local Residents | <input type="checkbox"/> College | | <input type="checkbox"/> Families | <input type="checkbox"/> Transient | | |

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. Payroll Expense (excluding owners) | \$ _____ | \$ _____ | \$ _____ |
| f. Inventory Expense | \$ _____ | \$ _____ | \$ _____ |
| g. Other Expense | \$ _____ | \$ _____ | \$ _____ |

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

3. **PROPERTY COVERAGE 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**

| | | |
|---|--------------------------|--------------------------|
| | 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/Binders: _____
 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 # _____ Liquor Liability Insurer: Name: _____
 Policy # _____ Policy Dates: _____ to _____

6. 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"/> | <input type="checkbox"/> |
| d. How long have you known the applicant? | _____ | _____years |
| e. How long have you insured the applicant? | _____ | _____years |

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: _____