

RESTAURANTS & BARS/NIGHTCLUBS/TAVERNS QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

If the business maintains a web site, state the address: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", you are not eligible for coverage.

1. Do you have any armed security staff? Yes No
2. Is the business considered a punk, rap, or underground bar? Do you allow stage diving or mosh pits? Yes No

GENERAL INFORMATION

3. Type of business:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Night Clubs	<input type="checkbox"/> Banquet Facilities
<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Pool Hall/Billiard Parlor
<input type="checkbox"/> Private Club	<input type="checkbox"/> Sports Bar	<input type="checkbox"/> Full Bottle Service
<input type="checkbox"/> Other: _____		

4. Annual gross sales: \$ _____ Split by %: _____ % food _____ % liquor _____ % catering
5. Business hours: S: _____ M: _____ T: _____ W: _____ T: _____ F: _____ S: _____
6. Clientele age: 18-21 21-25 25-35 35-50 Over 50
7. Clientele origins: Local residents College Families Transient
8. Do you serve alcoholic beverages?
Percent of total sales that are alcohol sales _____ Yes No
9. Do you have a liquor liability insurance policy? Yes No
10. Do you have any mechanical or amusement rides? Yes No
11. Does the business attract a younger clientele or is it located near a college campus? Yes No
12. Do you provide adult entertainment and offer internet sales of non-clothing items or any "closed off" private rooms? Yes No
13. Management's years of experience: _____
Management's years at this location: _____
14. Has insured owned or managed another establishment in the past 10 years? Yes No
If yes, explain: _____
15. Is your building located on a wharf, pier, beach, dock, or on pilings? Yes No
16. Do you ever participate in street fairs, community celebrations or special events? Yes No
If yes, explain: _____
17. Do you deliver food? Yes No

18. Is there a homemade stove or a woodburning stove that is not installed in accordance with manufacturer's specifications? Yes No
19. Is your property vacant, being renovated, deteriorating, or involved in foreclosure? Yes No
 If yes, explain: _____
20. Does anyone live on the premises? If so, who: _____ Yes No
21. Have there been any public code violations or health department actions against the establishment? Yes No
 If yes, explain: _____

ENTERTAINMENT

1. Live entertainment? Yes No
 If yes, describe (include type and frequency): _____
2. Dance floor? If yes, describe (include square footage, raised or sunken, lighting): Yes No

3. Arcade games or sports competitions? Yes No
 If yes, describe and give number of each (i.e. darts, pool, video games, volleyball, basketball, etc.):

4. Do you sponsor any athletic teams or activities? If yes, describe: Yes No

5. Playrooms or playgrounds on premises? If yes, describe Yes No

6. Do you have "foam parties"? Yes No

SECURITY

7. Do you employ "bouncers" or other security personnel? Yes No
8. Are the "bouncers" or other security personnel independent contractors? Yes No
 If yes, do they provide their own liability insurance? Yes No
9. Are firearms allowed on premises? Yes No
10. Have there been any police calls to this establishment in the past 3 years? Yes No
 If yes, give number and reason for the call:

COOKING HAZARDS

11. Cooking facilities: Number of...:
 Ranges: ___ Ovens: ___ Deep Fryers: ___ Grills: ___ Broilers: ___ Other: _____
12. Is any type of cooking, other than microwave cooking, done on premises? Yes No
13. UL approved auto extinguishing system over ALL cooking surfaces and fryers? Yes No
14. Do you have at least a semi-annual service contract for auto extinguishing systems? Yes No
 Name of service provider: _____
15. Automatic gas or electric shut-off for cooking with manual pull? Yes No



- 16. Are hoods and ducts equipped with filters? Yes No
- 17. Are filters, hoods, and ducts cleaned at a MINIMUM of every six months? Yes No
Date last cleaned: _____
Name of service provider: _____
- 18. Are hoods and ducts cleaned at a MINIMUM of every six months? Yes No
- 19. Are portable fire extinguishers (40 BC or type K UL 300 Standard) mounted and accessible to cooking areas? Yes No
- 20. Is there tableside cooking or open pit barbecues? Yes No

GENERAL LIABILITY INFORMATION

- 21. Number of exits:
 - a. Are all exits marked with exit signs? Yes No
 - b. Are all exits equipped with panic door hardware? Yes No
If no, are all exits kept unlocked during business hours? Yes No
- 22. Is there emergency lighting? Yes No
- 23. Is the main event area hall or dance floor on street level? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature Title Date

Producer Signature Date

Producer Name and Address