

**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 |
| a. Bouncers? | <input type="checkbox"/> | <input type="checkbox"/> | Days Per Week _____ | If yes are armed? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | If bouncers used are they ever off duty police officers? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pool Tables? | <input type="checkbox"/> | <input type="checkbox"/> | Days Per Week _____ | | | |
| c. Mechanized Device (i.e. Riding Bull, etc.) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If yes: _____ | | | |
| d. Clientele Age: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 18 - 25 | 25 - 35 | Over 35 Years | Over 50 Years | | |
| e. 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 _____ | | |
| | | | Does management ever allow the use of pyrotechnics? | | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other Types of Entertainment? | <input type="checkbox"/> | <input type="checkbox"/> | Yes No | If _____ | yes | : |

g. Square Footage of Dance Floor: _____

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)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?
Type of system: <input type="checkbox"/> Wet Chemical (UL 300 Approved) <input type="checkbox"/> Dry Chemical | <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"/> |

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.

7. LIQUOR LIABILITY INFORMATION

- a. Does applicant have a liquor license? Yes No Type of Liquor License(s): _____
What name is on the Liquor License: _____ **We will require a copy of the Liquor License, if we bind.**
- b. Does applicant dispense or provide alcoholic beverages for off-premises events? Yes No
Does applicant have any Catering/Banquet Hall/Hall Rental Operations? Yes No
Within the past 5 years, has the applicant had any assault & battery claims? Yes No
- c. Any consumption promotions such as happy hour, ladies night, etc.? Yes No
- d. Does the applicant require that all alcohol serving or selling employees be certified by a formal alcohol awareness training program? Yes No
If yes, give the name of the training program (BEST, RAMP, TIPS, TAM, etc): _____
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- e. Does the applicant have procedures in place to regulate the sale of alcohol to intoxicated customers or to minors?
 Yes No
- f. Are employees permitted to consume alcohol on the applicant's premises while on the job or after their shift ends?
 Yes No