



RESTAURANT/BAR/TAVERN QUESTIONNAIRE

(include a completed ACORD application)

Named Insured: _____
 Location Address: _____
 Website: _____

GENERAL INFORMATION

1. Annual Sources of Revenue:

\$ _____ Restaurant/Food Sales	\$ _____ Catering Operations
\$ _____ On-Sale Liquor Sales	\$ _____ Hall Rental
\$ _____ Off-Sale Liquor Sales	\$ _____ Brewing/Distilling Operations
\$ _____ Other: _____	

2. Latest closing time:

Prior to 11:00 pm	After 11:00 pm and by 2:00 am	After 2:00 am or open 24 hours?
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3. Do you open after 8:00 pm on any night? Yes No

4. When did this location open under the current management? _____
 a. If less than 3 years under current ownership, describe experience:

5. Has the name of the business changed in the last five years? Yes No
 If yes, what was the prior name? _____

6. Do you provide table service? Yes No

7. Are customers allowed to bring their own alcohol on the premises? Yes No

8. What is the operating season? Annual From: _____ To: _____

9. Have the police been called to the premises in the past three years? Yes No
 a. If yes, provide details: _____

10. Has the risk had a prior or current foreclosure, repossession or bankruptcy? Yes No
 a. If yes, provide details: _____

PREMISES:

1. Is there a swimming pool on the premises? Yes No

2. How many apartment units on the premises do you own or maintain? _____
 a. If any, are any of these units subsidized, student or senior housing? Yes No

3. Is this a waterfront property? Yes No
 a. Do you own or maintain any ocean or river beaches? Yes No
 b. How many boat docking facilities are available for patrons? _____

4. Are there any balconies, decks or rooftop areas? Yes No

5. Are firearms allowed on the premises? Yes No

ALCOHOL SERVICE: (skip section if no alcohol sales)

1. Do you have an active liquor license? Yes No
2. Have you had any fines or violations of alcohol beverage control laws in the past 2 years? Yes No
3. Do you have any drink specials that extend past 9:00 pm? Yes No
4. Do you offer bottle service other than wine? (i.e. sale of bottle of liquor to be consumed on site) Yes No
5. Do you serve or sell alcohol away from the premises? Yes No
 - a. If yes, provide details: _____
6. Do you require all servers to take an alcohol server training program (TIPS, TOPS, etc.)? Yes No
7. Do you have written guidelines and procedures in place for verifying age of patrons? Yes No
8. Do you have written guidelines and procedures for cutting off or not over-serving patrons? Yes No
9. Do you brew or distill your own alcohol? Yes No
 - a. What are the gross sales from brewing/distilling operations? _____
 - b. How do you package the alcohol (i.e. bottles, cans, keg, etc.)? _____
10. Do you offer or allow drinking games (i.e. beer pong, shot games, etc.)? Yes No
11. Are you located on or near a college campus or do you target college-aged clientele? Yes No
12. Do you have bouncers or other security staff? Yes No
 - a. What type of weapons are they armed with? _____
 - b. Are there metal detectors, pat downs or frisking at the door? Yes No

ENTERTAINMENT:

1. Is there a dance floor? Yes No
 - a. If yes, what is the dance floor area? _____ Sq. Ft.
2. Do you have any entertainment that attracts crowds larger than 250 people? Yes No
3. Do you host any special events that allow for increased capacity? Yes No
 - a. If yes, provide details: _____
4. Do you have any mechanical bulls, nude or topless dancing or pyrotechnics? Yes No
5. How many sports courts and/or playgrounds do you have on the premises? _____
6. What live entertainment do you offer (check all that apply)
Karaoke DJs Bands Foam Parties Raves
Other: _____
 - a. Are any musical acts rap, hip hop, punk rock or heavy metal? Yes No
 - b. Do you have live entertainment more than three nights a week? Yes No
7. What amusement devices are on the premises?
Pool Tables Darts Juke Box Gambling games
Arcade games Mechanical rides Other: _____

ADDITIONAL OPERATIONS:

- 1. Do you offer valet parking: Yes No
 - a. If yes, who is responsible? Employees Independent Contractors
 - b. If employed valet parking attendants, do you verify their driving records? Yes No
 - c. If valet is contracted, do you keep records of the contractor's Garagekeepers Yes No
 Liability certificate of insurance? What limits do you require? _____
- 2. Do you rent your facility or make it available for private parties or events? Yes No
- 3. Please describe any operations not otherwise mentioned:

PROPERTY:

- 1. Are there any wood burning stoves or fireplaces on premises? Yes No
- 2. What types of cooking are done on the premises?

None	Grilling	Deep Fat Frying	Open Broiling	Roasting
Tableside	Barbecue	Smokehouse	Solid Fuel Cooking	
Other: _____				
- 3. If any barbeque pits or smokehouses on the premises, where are they located?
 In the building Besides the building _____ ft from the building
- 4. Is the building situated on a wharf, pier or dock? Yes No
- 5. Are all gas and electric cooking fuel supplies equipped with automatic shut-offs and manual pulls? Yes No
- 6. Do all cooking surfaces have a UL300 approved automatic fire extinguishing system installed above them? Yes No
- 7. Is there a contract in place with a third-party to have the fire suppression, hood and duct systems cleaned and maintained at least semi-annually? Yes No

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
 Any person who, with the intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____