



Restaurant, Tavern & Nightclub Questionnaire

This questionnaire must be attached to Acord Forms. Please note that all incomplete applications will be returned to the agent.

This questionnaire requires the following attachments to be submitted for a quote:

1. Acord applications for each line of coverage
2. Three years currently valued loss runs
3. Details of individual losses over \$10,000

Applicant Information

Applicant: _____ DBA: _____
(Legal Entity Name)

Loss Control Contact: _____ Phone: _____

Website Address: _____ Fax: _____
(attach menu if not on website)

Type of Entity: Corporation Individual Partnership Joint Venture LLC

FEIN/Social Security Number: _____

Is the applicant a member of the National Restaurant Association or similar professional organization? Yes No If yes, which organization? _____

Operations Information

Description of Operations:

- Restaurant Pub/Tavern Sports Bar Piano/Martini Bar Jazz/Blues Club
 Comedy Club Dance/Night Club Other _____

What floor of the building is the restaurant located on? _____

Is the restaurant more than one floor? If so, how many floors _____

Hours of Operation: _____ Maximum Capacity _____

Date business started under current ownership: _____

Number of years experience managing this type of operation: _____

Number of employees: Mgt _____ Bar _____ Host _____ Wait _____ Kitchen _____ Security _____

Does the applicant own/operate any other businesses? If so, describe. _____

Does the applicant have or sponsor any Teen or "Under 21 nights", or permit customers under the age of 21 in the bar area? _____

Does the applicant's operation have a dress code? _____

What is the average price of a meal? _____

What is the average age of your clientele? 18-25 25-30 30-40 40 & Over

Are you located near a college campus? Yes No

Type of area? Industrial/Commercial Residential Rural Other _____

Does the applicant provide any catering services? Yes No

If yes, what is the on or off premises catering or banquet exposure?

Total Annual Receipts:

	<u>Current Year</u>	<u>1st Prior Year</u>	<u>2nd Prior Year</u>
Food	\$ _____	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____	\$ _____
Cover Charges	\$ _____	\$ _____	\$ _____
Delivery Service	\$ _____	\$ _____	\$ _____
Catering(on premises)	\$ _____	\$ _____	\$ _____
Catering (off prem)	\$ _____	\$ _____	\$ _____
Banquet	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Property and Premise Safety Information

1. Do you have a building maintenance program?
2. Is the building sprinklered?
3. Are all exits properly marked and lighted?
4. Is a secondary means of egress (exits) provided for each floor having public access?
5. Does the applicant have and practice an evacuation plan?
6. Do they have a UL approved fire suppression system over all cooking surfaces?
7. How often is the fire suppression system cleaned/serviced by the licensed contractor?
8. Do they have hoods and ducts over all cooking equipment?
9. Does the applicant have automatic gas or electric shut offs for cooking equipment?
10. Do they have an ABC extinguisher in the dining area and/or near the counter?
11. Are there any auxiliary electrical supply systems?
12. Are all smoke detectors properly maintained?
13. Is there a fire extinguishing system in the kitchen?
14. Are there any apartments or other type of occupancies in the building?

Yes	No

- 15. Does the kitchen have a deep fat fryer? If so, is it protected by an automatic fire extinguishing system?
- 16. Is the fire automatic extinguishing system wet system?
- 17. Does applicant have a contract in place for hood & duct cleaning?
- 18. Does the applicant have any pyrotechnics exposure?
- 19. Does the applicant have any mechanical rides, climbing walls, foam machines or inflatables?
- 20. Does the applicant conduct any physical contests or events inside or outside the facility?
If yes, describe _____
- 21. Is the risk located on a beach, vessel, dock or pier?
- 22. Has the applicant ever been cited for building code, health or liquor violations? If yes, describe citation:

Entertainment Information (If applicant has more than 1 location, specify location number applicable to each form of entertainment)

1. Is there any type of entertainment listed below:

- DJ Frequency _____ Location _____
- Stage/Floor Show Frequency _____ Location _____
- Live Band Frequency _____ Location _____
- Comedy Acts Frequency _____ Location _____
- Karaoke Frequency _____ Location _____
- Piano/Guitar Player Frequency _____ Location _____
- Solo Vocalist Frequency _____ Location _____
- Billiards Location _____
- Adult/Exotic Dancing Location _____
- Slot/video poker machine Location _____

2. Does the applicant have a dance floor? Yes No

If yes, what is the size of the dance floor? _____

How often is the floor inspected for slip and fall hazards? _____

Is the floor raised? Yes No

If so, does it have a railing around the entire floor? _____

3. What type of music is the predominant music played:

- Classic Rock Rap/Hip Hop Country Pop

4. Does the applicant have bouncers or doormen? _____

5. Does any gambling take place?

Explain: _____

Liquor Liability Information

1. Name of Liquor License Holder & License Number: _____

2. State of issuance and expiration date of liquor license: _____

3. Does the applicant ever sell or serve alcohol away from the premises? _____

4. Are all alcohol servers certified in a Formal Alcohol Training Course? _____

Advise name of course (SERVSAFE, TIPS, CARE, etc): _____

5. What time does the sale or service of alcohol cease? _____

6. Does the club use measuring or pouring devices for drinks? _____

7. Are employees allowed to consume alcohol during their hours of employment or service? _____

8. Does the applicant have knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? If yes, describe:

9. Has the applicant had any reported liquor liability and/or assault and battery claims or notification of potential liquor liability and/or assault and battery claims within the past five years? If yes, describe:

10. Has liquor liability insurance coverage been denied, cancelled, or non-renewed during the last five years? If yes, describe: _____

11. Does or will the applicant ever offer:

a. Any drink specials/happy hours? Yes No

b. Drink specials/happy hours lasting longer than 3 hours? Yes No

c. Drink specials/happy hours after 9:00pm? Yes No

d. Single drink servings larger than 24 ounces? Yes No

e. Complimentary drinks? Yes No

f. "All you can drink" specials? Yes No

g. "BYOB" bottle service or set-ups? Yes No

h. "Flaming shots" Yes No

12. Are IDs checked at the door or at the time of service? _____

Are electronic devices used to verify integrity of ID presented? Yes No

13. What is the lowest price of beer offered? _____

14. What is the lowest price of wine or liquor offered? _____

15. Does the applicant offer a ride service to intoxicated persons? Yes No

16. Does the applicant have a policy of not selling alcohol to intoxicated persons? Yes No

17. Describe the establishment's policy for handling intoxicated individuals:

18. Previous Liquor Liability carrier: _____ Limits: _____ Premium: _____

Security Information

1. Are security personnel: Employees Contracted Both

a. If applicant uses employees:

Are background checks completed on all security employees? Yes No

Do all security bouncers sign waivers? Yes No

Does the applicant train all security employees on proper security and removal of patrons? Yes No

b. If applicant uses contractors:

Does the applicant have a written agreement with the contractors? Yes No

2. Does the applicant engage police officers for work in or about the premises? Yes No

If yes, how are they engaged and invoiced?

With Municipality Secondary Employment Company Individually

3. Are firearms permitted or kept on premises? Yes No

4. Are security personnel responsible for ID checks? Yes No

5. Are incident logs documenting when a person was refused service or other alcohol related events maintained? Yes No

6. Are there any security cameras on the premises? Yes No

Describe _____

7. What procedures are in place for entry control (capacity limits)? _____

8. Do you have a Standard Operating Procedure for selecting your security personnel? If so, please attach a copy. Yes No

Automobile Information

1. Do employees ever use their own autos for work? Yes No

2. What limit of liability is required for employees using their auto's for work? _____

3. Are there standards for employees using owned /non owned autos (age, MVR)? Yes No

List _____

4. Does the applicant provide group transportation or livery service? Yes No

5. Does applicant provide delivery service? Yes No

6. Does the applicant offer valet parking? Yes No

If yes, are valet's Employees? Contracted?

Employee/Hiring Information

1. Do hiring procedures include background checks, job history and references? Yes No
 2. Can cashiers tamper with customer's checks or register receipts? Yes No
 3. Does the applicant have a written Sexual Harassment Policy? Yes No
 4. What controls/procedures are in place to limit/control employee theft? _____
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FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon and Vermont) Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, and Washington insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: A person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____
(Only applicable if using a producer)

Producer's License Number: _____ Exp. Date: _____