



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: _____

a. Bouncers? Yes No Days Per Week _____ If bouncers used are they ever off duty police officers? Yes No

b. Pool Tables? Yes No Days Per Week _____

c. Mechanized Device (i.e. Riding Bull, etc.) Yes No

If yes: _____

d. Clientele Age: 18 - 25 25 - 35 Over 35 Years Over 50 Years

e. Live Bands? Days Per Week _____ Female Reviews? Days Per Week _____
Dancers? Days Per Week _____ Male Reviews? Days Per Week _____

Dance Floor? Days Per Week _____ Disc Jockey? Days Per Week _____

If yes, is it elevated? Yes No

If it is elevated, are there handrails? Yes No

Are the stairs properly marked and lighted Yes No

g. Does the insured have or allow mosh/moshing pit, stage diving or crowd surfing? Yes No

h. Does management ever allow the use of any type of pyrotechnics? Yes No

i. Does the insured offer any type of menu item in which the presentation of that menu item involves flames/fire?

Example would be flaming drinks, appetizers, etc.? Yes No

If yes, please describe _____

j. Does the insured have or allow employees to do any type of bar top dancing or table top dancing? Yes No

If yes, do they use any type of fire or pyrotechnics? (This would include but is not limited to lighting alcohol as part of the presentation) Yes No

If yes, please describe _____

Does this bar top or table top dancing ever involve patrons/customer participation? Yes No

If yes, please explain: _____

k. Does the insured have a web site? Yes No

a. If yes, please furnish the URL address to that website _____

l. Has the insured ever had an assault and battery claim? Yes No

If "Yes" please give details: _____

3. FILL IN FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:

Table with 5 rows (a-e) and 3 columns for financial data over 3 years.

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.

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: _____