

**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: \_\_\_\_\_

	<b>Yes</b>	<b>No</b>			<b>Yes</b>	<b>No</b>
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?   Days Per Week \_\_\_\_\_

c. Mechanized Device (i.e. Riding Bull, etc.)

If yes: \_\_\_\_\_

d. Clientele Age:  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 _____
Dancers?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Male Reviews?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____
Dance Floor?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Disc Jockey?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____

If yes, is it elevated?

If it is elevated, are there handrails?

Are the stairs properly marked and lighted

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:**

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?<br>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: \_\_\_\_\_