



Restaurant/Bar/Tavern Supplemental Questionnaire (Complete in addition to ACORD application)

Insured: _____

Location: _____

Number of years in business at this location: _____

Number of years experience operating this type of business: _____

Business hours _____ to _____ Number of days open per week: _____

Describe neighborhood (i.e., rural, commercial, residential): _____

Describe the crime rate in the neighborhood: _____

| | YES | NO | | YES | NO |
|---------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| Live Bands? | <input type="checkbox"/> | <input type="checkbox"/> | Female/Male Reviews? | <input type="checkbox"/> | <input type="checkbox"/> |
| Dance Floor? | <input type="checkbox"/> | <input type="checkbox"/> | Dancers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Bouncers? | <input type="checkbox"/> | <input type="checkbox"/> | Disc Jockey? | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool Tables? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Other Entertainment | <input type="checkbox"/> | <input type="checkbox"/> | explain: _____ | | |

Clientele Age: 18 – 25 25-35 Over 35 Years Over 50 Years

Clientele Origins: Local Residents College Families Transient

Fiscal Dates (month & year) _____

Beer, Wine & Liquor Sales \$ _____ \$ _____ \$ _____

Food Sales \$ _____ \$ _____ \$ _____

Total \$ _____ \$ _____ \$ _____

Payroll Expense (excluding owners) \$ _____ \$ _____ \$ _____

Inventory Expense \$ _____ \$ _____ \$ _____

Other Expense \$ _____ \$ _____ \$ _____

Bankruptcy History? _____ Number of Mortgages _____

Name of person to contact for financial records _____

Phone Number: _____

Fire Extinguisher a. How many? ____ b. Service & Tagged within the past year yes no

Last renovation date for: a. Heating system _____ b. Electrical system _____ c. Roof _____

| | Yes | No |
|--|--------------------------|--------------------------|
| Is any type of cooking done on premises (Please circle if Microwave cooking only)? | <input type="checkbox"/> | <input type="checkbox"/> |
| UL approved auto extinguishing system over ALL cooking surfaces and deep fryers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Semi-annual service contract for auto extinguishing system? | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic gas or electric shut off for cooking with manual pull? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are hoods and ducts equipped with filters? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are filters cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are hoods and ducts cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are portable fire extinguishers mounted and accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant: _____ Date: _____

Producer: _____ Date: _____