**Capitol Indemnity Corporation**
P.O. Box 5900
Madison, WI 53705

# RESTAURANT/TAVERN QUESTIONNAIRE

(to be attached to Acord Application)

Named Insured _____ Policy Number_____
Location Address _____
Named insured's Social Security Number: (if Corporation: Name, title and Social Security number of officers and principal Stockholders)_____

1. Number of years in business: _____Number of years at this location_____ Seating Capacity_____

2. Annual gross sales $_____ Split by percent _____% food _____% liquor _____% catering

3. Fast food delivery? ☐ Yes ☐ No

4. Hours: Weekdays _____ Weekends _____ Seasonal (dates closed) _____
   Days of week open _____Sunday, ____Monday, ____Tuesday, ____Wednesday, ____Thursday, ____Friday, ____Saturday
   Nightclubs - Provide breakdown of cliental by age and percentage. 21-25___%, 26-30 ___%, 30 – 40 ___%, over 40___%

5. Do you have any outstanding tax liens? (ie: property, sales, wage withholding, bankruptcy) ☐ Yes ☐ No
   If yes, explain: _____

6. Cooking facilities:

| | Ranges | Ovens | Deep Fat Fryers | Grills | Broilers | Others (give description) and No. |
|---|---|---|---|---|---|---|
| Number of: | _____ | _____ | _____ | _____ | _____ | _____ |

7. Are hood/ducts and all fryers, grills and ranges protected by automatic extinguishing systems? ☐ Yes ☐ No
   If yes, Type of equipment_____
   Nozzles behind filter(s) _____
   Name of firm holding service contract_____
   Service Schedule_____ Date of last service_____

8. Are hoods and ducts cleaned semi-annually by a professional cleaning service? ☐ Yes ☐ No
   Name of Firm_____ Service Schedule _____ Last Cleaned_____

9. List number and type of fire extinguishers:_____ Soda Acid _____ $CO_2$ _____ Dry chemical _____
   Date last serviced _____

10. Is there a 40 BC or type K (UL300 Standard) fire extinguisher in the kitchen? ☐ Yes ☐ No Date last serviced:_____

11. Is there adequate and properly marked exits equipped with approved panic hardware to allow controlled exits? ☐ Yes ☐ No

12. Date of buildings last complete electrical inspection. _____
    Note on an attachment a description of **ALL** updates to electrical, plumbing heating systems and roof in past 10 years.
    (attach copy of contractor invoice if available)

13. Main event area hall or dance floor on street level? ☐ Yes ☐ No If no, explain_____

14. Any remodeling underway? ☐ Yes ☐ No If yes, explain:_____

15. Entertainment: (Check if applicable)
    - ☐ DJ/live bands Number of time per week_____
    - ☐ Dance floor
    - ☐ Golf simulator #_____# of games per year_____
    - ☐ Horseshoe pits #_____# of games per year_____
    - ☐ Stage Diving, Mosh Pits, or allow activity that cause bodily harm to spectators
    - ☐ Other patron participation events Explain_____
    - ☐ Volleyball courts #_____# of games per year_____
    - ☐ Softball diamonds #_____# of games per year_____
    - ☐ Slot/Video poker machines #_____
    - ☐ Exotic, topless, nude or similar type of dancing

16. Have acts that use pyrotechnics of any type allowed on premises ☐ Yes ☐ No
    (Including but not limited to gunpowder, fireworks, open flames or any incendiary products.)

17. Contracts with entertainers note pyrotechnics or other related incendiary not allowed on premises. ☐ Yes ☐ No

18. Have there been any police calls to this establishment in the last 3 years? ☐ Yes ☐ No
    If yes, how many and reason for call_____

19. Do you have guns on premises? ☐ Yes ☐ No

20. Evacuation plans in place, posted for all to see and employees trained to provide evacuation assistance? ☐ Yes ☐ No

21. Do you employ security or crowd control personnel? ☐ Yes ☐ No
Are they ever armed? ☐ Yes ☐ No

22. Does anyone live on the premises? ☐ Yes ☐ No If yes, who?_____

23. Do you provide transportation to sporting events? ☐ Yes ☐ No

24. Do you ever participate in street fairs, community celebrations, etc. with a food stand? ☐ Yes ☐ No

25. Any public code violations or has the Health Department ever shut down your operation? ☐ Yes ☐ No
If yes, give details
_____

26. Have there been any, insurance company, inspection recommendations? ☐ Yes ☐ No
If so, was corrective action taken? ☐ Yes ☐ No

27. Other exposures (complete only if applicable)
Is /are there:

| | | | | | |
|---|---|---|---|---|---|
| Pool/beach | ☐ Yes | ☐ No | Saddle animals (coverage not available via CIC) | ☐ Yes | ☐ No |
| Diving boards or water slides | ☐ Yes | ☐ No | Target ranges (gun or archery) | ☐ Yes | ☐ No |
| Floats or rafts (including inflatable water trampolines or slides) | ☐ Yes | ☐ No | Skiing/sledding | ☐ Yes | ☐ No |
| Watercraft | ☐ Yes | ☐ No | Docks or slips | ☐ Yes | ☐ No |

If yes, attach list (#type, length) Each motorized watercraft must be individually scheduled (show length and horsepower)

28. Agent pre-inspection of premises.

| | | | | | |
|---|---|---|---|---|---|
| Broken or missing glass | ☐ Yes | ☐ No | Parking lot pot holes or uneven surface | ☐ Yes | ☐ No |
| Missing, un-painted, un-repaired siding windows/doors | ☐ Yes | ☐ No | Garbage, debris or trash laying on the ground | ☐ Yes | ☐ No |
| Loose brick or mortar | ☐ Yes | ☐ No | Broken or missing interior floor tiles | ☐ Yes | ☐ No |
| Cracked or uneven side walk or stairs | ☐ Yes | ☐ No | Torn or frayed rugs carpet or stair treads | ☐ Yes | ☐ No |
| Use electrical extension cords for cooking appliances or electrical devices | ☐ Yes | ☐ No | Adequate lighting in parking lot | ☐ Yes | ☐ No |
| Metal smoking materials container with water at bottom | ☐ Yes | ☐ No | | | |

29. Has applicant/insured/business principal had ownership interest in or managed another restaurant, bar or grill in the past 10 years? ☐ Yes ☐ No
If yes, provide name of business, address and dates for each such business.
_____

30. Attach photos of each building 20 years of age and older. Photos are to be (4x6 color) of each visible side where possible. Image of building to fill 90% of photo area and taken from point close enough to building that not more than 2 stories are visible. Include extra photos if building over 2 stories.

31. ***REQUIRED:*** **Financial Reference Information**
If total insured value of Building, Business Personal Property, and Business Income is $300,000 or more for any one building location, provide financial statements for past 2 years. Must be a professionally prepared Balance Sheet and Income Statement or a complete copy of last years Federal Tax Form (All pages required). **Coverage will not be bound if not provided!**

**I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.**

_____ _____ _____
Signature of Applicant Date Signature of Agent