

## RESTAURANTS & BARS/NIGHTCLUBS/TAVERNS QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Do all professionals, and the business, have current licenses where required by statute?  Yes  No

If the business maintains a web site, state the address: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", you are not eligible for coverage.

1. Do you have any armed security staff?  Yes  No
2. Is the business considered a punk, rap, or underground bar? Do you allow stage diving or mosh pits?  Yes  No

### GENERAL INFORMATION

3. Type of business:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Night Clubs	<input type="checkbox"/> Banquet Facilities
<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Pool Hall/Billiard Parlor
<input type="checkbox"/> Private Club	<input type="checkbox"/> Sports Bar	<input type="checkbox"/> Full Bottle Service
<input type="checkbox"/> Other: _____		

4. Annual gross sales: \$ \_\_\_\_\_ Split by %: \_\_\_\_\_% food \_\_\_\_\_% liquor \_\_\_\_\_% catering
5. Business hours: S: \_\_\_\_\_ M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ T: \_\_\_\_\_ F: \_\_\_\_\_ S: \_\_\_\_\_
6. Clientele age:  18-21  21-25  25-35  35-50  Over 50
7. Clientele origins:  Local residents  College  Families  Transient
8. Do you serve alcoholic beverages?  
Percent of total sales that are alcohol sales  Yes  No
9. Do you have a liquor liability insurance policy?  Yes  No
10. Do you have any mechanical or amusement rides?  Yes  No
11. Does the business attract a younger clientele or is it located near a college campus?  Yes  No
12. Do you provide adult entertainment and offer internet sales of non-clothing items or any "closed off" private rooms?  Yes  No
13. Management's years of experience: \_\_\_\_\_  
Management's years at this location: \_\_\_\_\_
14. Has insured owned or managed another establishment in the past 10 years?  Yes  No  
If yes, explain: \_\_\_\_\_
15. Is your building located on a wharf, pier, beach, dock, or on pilings?  Yes  No
16. Do you ever participate in street fairs, community celebrations or special events?  Yes  No  
If yes, explain: \_\_\_\_\_
17. Do you deliver food?  Yes  No

18. Is there a homemade stove or a woodburning stove that is not installed in accordance with manufacturer's specifications?  Yes  No
19. Is your property vacant, being renovated, deteriorating, or involved in foreclosure?  Yes  No  
 If yes, explain: \_\_\_\_\_
20. Does anyone live on the premises? If so, who: \_\_\_\_\_  Yes  No
21. Have there been any public code violations or health department actions against the establishment?  Yes  No  
 If yes, explain: \_\_\_\_\_

### ENTERTAINMENT

1. Live entertainment?  Yes  No  
 If yes, describe (include type and frequency): \_\_\_\_\_
2. Dance floor? If yes, describe (include square footage, raised or sunken, lighting):  Yes  No  
 \_\_\_\_\_
3. Arcade games or sports competitions?  Yes  No  
 If yes, describe and give number of each (i.e. darts, pool, video games, volleyball, basketball, etc.):  
 \_\_\_\_\_
4. Do you sponsor any athletic teams or activities? If yes, describe:  Yes  No  
 \_\_\_\_\_
5. Playrooms or playgrounds on premises? If yes, describe  Yes  No  
 \_\_\_\_\_
6. Do you have "foam parties"?  Yes  No

### SECURITY

7. Do you employ "bouncers" or other security personnel?  Yes  No
8. Are the "bouncers" or other security personnel independent contractors?  Yes  No  
 If yes, do they provide their own liability insurance?  Yes  No
9. Are firearms allowed on premises?  Yes  No
10. Have there been any police calls to this establishment in the past 3 years?  Yes  No  
 If yes, give number and reason for the call:  
 \_\_\_\_\_

### COOKING HAZARDS

11. Cooking facilities: Number of... :  
 Ranges: \_\_\_ Ovens: \_\_\_ Deep Fryers: \_\_\_ Grills: \_\_\_ Broilers: \_\_\_ Other: \_\_\_\_\_
12. Is any type of cooking, other than microwave cooking, done on premises?  Yes  No
13. UL approved auto extinguishing system over ALL cooking surfaces and fryers?  Yes  No
14. Do you have at least a semi-annual service contract for auto extinguishing systems?  Yes  No  
 Name of service provider: \_\_\_\_\_
15. Automatic gas or electric shut-off for cooking with manual pull?  Yes  No



Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company

16. Are hoods and ducts equipped with filters?  Yes  No
17. Are filters, hoods, and ducts cleaned at a MINIMUM of every six months?  Yes  No  
 Date last cleaned: \_\_\_\_\_  
 Name of service provider: \_\_\_\_\_
18. Are hoods and ducts cleaned at a MINIMUM of every six months?  Yes  No
19. Are portable fire extinguishers (40 BC or type K UL 300 Standard) mounted and accessible to cooking areas?  Yes  No
20. Is there tableside cooking or open pit barbecues?  Yes  No

**GENERAL LIABILITY INFORMATION**

21. Number of exits: \_\_\_\_\_
- a. Are all exits marked with exit signs?  Yes  No
- b. Are all exits equipped with panic door hardware?  Yes  No  
 If no, are all exits kept unlocked during business hours?  Yes  No
22. Is there emergency lighting?  Yes  No
23. Is the main event area hall or dance floor on street level?  Yes  No

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer Name and Address \_\_\_\_\_