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:

☐ Restaurant ☐ Night Clubs ☐ Banquet Facilities
☐ Bar/Lounge ☐ Cafeteria ☐ Pool Hall/Bar Billiard Parlor
☐ Private Club ☐ Sports Bar ☐ Full Bottle Service
☐ Other: ____________________________

4. Annual gross sales: $___________ Split by %: ______% food ______% liquor ______% catering


7. Clientele origins: ☐ Local residents ☐ College ☐ Families ☐ Transient

8. Do you serve alcoholic beverages? ☐ Yes ☐ No

Percent of total sales that are alcohol sales: ____________________________

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?  
   If yes, explain: ________________________________  
   □ Yes  □ No

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?  
   If yes, explain: ________________________________  
   □ Yes  □ No

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**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?  
   If yes, describe and give number of each (i.e. darts, pool, video games, volleyball, basketball, etc.):  
   □ Yes  □ No

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

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**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?  
    If yes, give number and reason for the call: __________________________________________
    □ Yes  □ No

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**COOKING HAZARDS**

11. Cooking facilities: Number of...:
    □ Yes  □ No

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?  
    Name of service provider: ________________________________________________________  
    □ Yes  □ No

15. Automatic gas or electric shut-off for cooking with manual pull?  
    □ Yes  □ No
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 tabletop 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?
      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.)

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Producer Name and Address