



Restaurant/Tavern Supplemental Questionnaire

Insured Name, DBA & Mailing Address _____

Agent Name _____

Agent Code: _____

Risk Location: _____

GENERAL INFORMATION

Occupancy

Restaurants: _____ Taverns: _____

Percentage of Business - Breakfast: _____% Lunch: _____% Dinner: _____% Other: _____%

Hours of operation: _____ Days of operation: _____

Percentage of Sales - Food: _____% Alcohol: _____% Other: _____%

Annual food receipts: \$ _____ Annual Liquor receipts: \$ _____

Does insured offer delivery service? Yes No

Banquet Facilities? Yes No

If yes, describe: _____

Off Premises Catering? Yes No Receipts: \$ _____

Live Entertainment? Yes No If yes, describe: _____

Disk Jockey? Yes No If yes, type of music: _____

Is dancing permitted? Yes No If yes, area of dance floor: _____

Any bouncers? Yes No How many? _____

Are bouncers employees? Yes No When are they there? _____

Are there firearms on the premises? Yes No

Who runs the business? _____

Provide Manager's name: _____

Is this risk open all year? Yes No If no, closed season from: _____ to _____

RISK INFORMATION

Cooking Equipment

Number of Stoves: _____	Covered by APD?	Yes	No	Hood & Duct?	Yes	No
Number of Grills: _____	Covered by APD?	Yes	No	Hood & Duct?	Yes	No
Number of Ovens: _____	Covered by APD?	Yes	No	Hood & Duct?	Yes	No
Number of Fryers: _____	Covered by APD?	Yes	No	Hood & Duct?	Yes	No
Number of BBQ Pits: _____	Covered by APD?	Yes	No	Hood & Duct?	Yes	No

Hood, Duct & Filters cleaned under contract? Yes No

How often? _____ By whom? _____

Number of fire extinguishers? _____ Type: _____ Service Interval: _____

By whom: _____