



Restaurant/Tavern Supplemental Questionnaire

Insured Name, DBA & Mailing Address

Agent Name

Agent Code: _____

Risk Location: _____

GENERAL INFORMATION

Occupancy

Restaurants: ___ Casual/Theme ___ Family ___ Formal ___ Cafeteria ___ Diner ___ Fast Food

Taverns: ___ Neighborhood ___ Sports ___ Dance ___ Night Club ___ Exotic

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 (Y/N)? _____

Banquet Facilities (Y/N)? _____ If yes, describe: _____

Off Premises Catering (Y/N)? _____ Receipts: \$ _____

Live Entertainment (Y/N)? _____ If yes, describe: _____

Disk Jockey (Y/N)? _____ If yes, type of music: _____

Is dancing permitted (Y/N)? _____ If yes, area of dance floor: _____

Any bouncers (Y/N)? _____ How many? _____

Are bouncers employees (Y/N)? _____ When are they there? _____

Are there firearms on the premises (Y/N)? _____

Who runs the business? ___ Owner ___ Manager

Provide Manager's name: _____

Is this risk open all year (Y/N)? _____ If no, closed season from: _____ to _____

RISK INFORMATION

Cooking Equipment

Number of Stoves: _____ Covered by APD (Y/N)? _____ Hood & Duct (Y/N)? _____

Number of Grills: _____ Covered by APD (Y/N)? _____ Hood & Duct (Y/N)? _____

Number of Ovens: _____ Covered by APD (Y/N)? _____ Hood & Duct (Y/N)? _____

Number of Fryers: _____ Covered by APD (Y/N)? _____ Hood & Duct (Y/N)? _____

Number of BBQ Pits: _____ Covered by APD (Y/N)? _____ Hood & Duct (Y/N)? _____

Hood, Duct & Filters cleaned under contract (Y/N)? _____

How often? _____ By whom? _____

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

By whom: _____