

Restaurant Program Supplemental Questionnaire

Agency Name:

Name Insured/Applicant:

Street Address:

Yes	No	Hours of operation dining area: Hours of operation bar area (if different than dining):
<input type="checkbox"/>	<input type="checkbox"/>	Is food served until within at least one hour of closing time (including bar closing time?)
		Total number of seats: Dining Bar/Lounge
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant close for more than 30 consecutive days (i.e. seasonal business?)
Check restaurant type that best describes this operation: Counter service, takeout only, no seating at restaurant _____ Order at counter with limited or no table service, with seating in restaurant _____ Full table service with wait staff taking customer orders at the table _____		
<input type="checkbox"/>	<input type="checkbox"/>	How many years has restaurant operated at this location? _____ <i>If this is a new restaurant opening, attach a brief resume' for the full-time manager and a business plan.</i>
<input type="checkbox"/>	<input type="checkbox"/>	If restaurant has been open less than 3 years, does the full-time manager have at least 5 years of restaurant management experience in the area?
<input type="checkbox"/>	<input type="checkbox"/>	If restaurant has been open less than 3 years, does the head chef have at least 5 years of restaurant management experience in the area?

Complete for Property Coverage / Note: Complete this section separately for each location.

Location# _____

Street Address: _____

City/State: _____

Yes	No	
		Types of kitchen appliances (check all that apply): Deep Fryers: <input type="checkbox"/> Broilers: <input type="checkbox"/> Grills: <input type="checkbox"/> Ranges : <input type="checkbox"/> Ovens: <input type="checkbox"/> Other: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Any table-side cooking? (describe)
<input type="checkbox"/>	<input type="checkbox"/>	Is the ansul system UL300 compliant?
<input type="checkbox"/>	<input type="checkbox"/>	Automatic fire extinguishing system provides surface protection for all cooking surfaces?
<input type="checkbox"/>	<input type="checkbox"/>	Automatic Extinguishing System Serviced No Less Than Every 6 Months: Service Interval: Name of service firm:
<input type="checkbox"/>	<input type="checkbox"/>	Do metal hoods and ducts cover all cooking surfaces?
<input type="checkbox"/>	<input type="checkbox"/>	Hoods equipped with removable filters or grease extractors vented to outside of building?
<input type="checkbox"/>	<input type="checkbox"/>	All cooking or heating devices installed with minimum 18 inches safe clearances to combustible walls, ceilings, etc?
<input type="checkbox"/>	<input type="checkbox"/>	Manual pull for extinguisher system readily accessible and clearly identified?
<input type="checkbox"/>	<input type="checkbox"/>	All gas fired cooking equipment and electric deep fat fryers equipped with automatic fuel shut off?
<input type="checkbox"/>	<input type="checkbox"/>	All deep fat fryers equipped with thermostat with automatic fuel shutoff if temperature exceeds 475°?
		Number of portable fire extinguishers in kitchen area: _____
<input type="checkbox"/>	<input type="checkbox"/>	Central station burglar alarm?
<input type="checkbox"/>	<input type="checkbox"/>	Central station fire alarm?
<input type="checkbox"/>	<input type="checkbox"/>	Hoods and ducts cleaned as necessary by outside firm under contract? Name of Firm: Cleaning Schedule: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Is refrigeration/freezing equipment under a maintenance agreement?
<input type="checkbox"/>	<input type="checkbox"/>	Is the building listed on the National or Local Historic Registry?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the actual age of the building greater than 20 years old? If yes, describe updates to the roof, electrical, HVAC and plumbing systems including year completed:
<input type="checkbox"/>	<input type="checkbox"/>	Is there a wood burning stove or fireplace on premises?

Complete for General Liability Coverage
Note: Complete this section separately for each location.

Street Address: _____ City/State: _____

Number of Employees: FT _____ PT _____		
Estimated sales for next 12 months: On Premises Food \$ _____ On Premises Liquor \$ _____ Off-Premises Catering \$ _____ Other (explain) \$ _____		
Actual sales last 12 months: On Premises Food \$ _____ On Premises Liquor \$ _____ Off-Premises Catering \$ _____ Other (explain) \$ _____		
Describe type(s) of off-premises catering provided, if any.		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant allow dancing? If yes, is there a dance floor? Size in square feet: _____ Number of evenings/week with dancing? Type of music: _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have live entertainment or a DJ? If Yes, type of entertainment: _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have electronic games, TVs, billiards or other entertainment devices? If yes, describe – number and type: _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have an indoor or outdoor playground?
<input type="checkbox"/>	<input type="checkbox"/>	Are floor transitions clearly marked?
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have an on-premises banquet facility? If yes, annual banquet sales: \$ _____ What percentage of total banquet sales are weddings? _____ %
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant offer delivery service? If yes, check all that apply: <input type="checkbox"/> By employees – on foot <input type="checkbox"/> By employees with personal autos <input type="checkbox"/> By employees – on bicycle <input type="checkbox"/> By employees with company autos <input type="checkbox"/> By contract (outside) delivery service Delivery area (radius from restaurant in miles): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant sell food or condiments manufactured under its own label? If yes, give annual sales and describe products: Annual Sales \$ _____ Products: _____
<input type="checkbox"/>	<input type="checkbox"/>	Is the restaurant in compliance with ADA requirements?
<input type="checkbox"/>	<input type="checkbox"/>	Is the applicant aware of any present or past incident that may give rise to a data breach claim?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant had data breach insurance coverage denied, canceled or non-renewed during the last three years? If Yes, give details: _____
Parking Lot		
<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant own a parking lot? (If "no," skip the next 2 questions.)
<input type="checkbox"/>	<input type="checkbox"/>	If parking lot is not owned by applicant, is applicant responsible for maintenance of the parking lot?
<input type="checkbox"/>	<input type="checkbox"/>	If answer to both of the above questions is "no," does applicant indemnify (through the lease agreement) the entity which owns or maintains the parking lot or will such entity be an insured under the applicant's general liability insurance?

Valet Parking	
<input type="checkbox"/>	<input type="checkbox"/> Does the restaurant offer valet parking? (If "no," skip the next 4 questions.)
<input type="checkbox"/>	<input type="checkbox"/> If yes, is valet parking performed by the restaurant's employees?
<input type="checkbox"/>	<input type="checkbox"/> If yes, does the restaurant check the driving records of valet parking attendants?
<input type="checkbox"/>	<input type="checkbox"/> If you offer valet using an outside firm, does that firm have insurance coverage in force to cover liability arising out of valet parking including physical damage to customers' autos?
<input type="checkbox"/>	<input type="checkbox"/> If you use an outside valet firm, is the restaurant included as an insured under the firm's garage and garage keepers insurance?
Customer Incident/Complaint Handling: (Check the appropriate description.)	
	a. Waitpersons are trained in proactive customer incident/complaint procedures management procedures <input type="checkbox"/>
	b. Customer incident/complaint handling is not discussed with wait staff. <input type="checkbox"/>
	c. Wait staff instructed to take passive response to customer incidents or complaints <input type="checkbox"/>
Health Department Rating: (Check the latest applicable rating.)	
	a. "A" or equivalent grade <input type="checkbox"/> c. "C" or equivalent grade <input type="checkbox"/>
	b. "B" or equivalent grade <input type="checkbox"/> d. "D" or below <input type="checkbox"/>

Complete for Liquor Liability Coverage (complete for each location)

Liquor license type: Beer & Wine _____ Full Liquor _____	
Liquor liability limit: <input type="checkbox"/> \$1 Mill <input type="checkbox"/> Other: \$ _____	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Any special consumption promotions such as ladies night, 2 for 1's, etc.? If Yes, describe:
<input type="checkbox"/>	<input type="checkbox"/> Do you serve any flaming drinks? If yes, describe:
<input type="checkbox"/>	<input type="checkbox"/> Do you dispense or provide alcoholic beverages for off-premises events?
<input type="checkbox"/>	<input type="checkbox"/> Has applicant, any owner, partner, officer of licensee ever had a liquor license revoked or suspended? If Yes, explain:
<input type="checkbox"/>	<input type="checkbox"/> Have the authorities been called to your premises for any reason during the past five years? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/> Is training provided for all servers and bartenders in the responsible service, sale and consumption of alcohol using an outside services such as TIPS? If Yes, give name of program and frequency of training:
<input type="checkbox"/>	<input type="checkbox"/> Are customers served without checking ID?
<input type="checkbox"/>	<input type="checkbox"/> Does applicant have "bouncers" or door checkers?
<input type="checkbox"/>	<input type="checkbox"/> Does applicant currently carry liquor liability insurance?
<input type="checkbox"/>	<input type="checkbox"/> Has the applicant had liquor liability insurance coverage denied, canceled or non-renewed during the last three years? If Yes, give details:

_____/_____
Applicant Signature/Date

_____/_____
Producer Signature/Date

Please send completed application to your Sales Executive.