

## Restaurant, Bar & Tavern Questionnaire

**This questionnaire must be attached to Acord Forms. Please note that all incomplete applications will be returned to the agent.**

**This questionnaire requires the following attachments to be submitted for a quote:**

1. Acord applications for each line of coverage
2. Three years currently valued loss runs
3. Details of individual losses over \$25,000

### Applicant Information

Applicant: \_\_\_\_\_ DBA: \_\_\_\_\_  
*(Legal Entity Name)*

Loss Control Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_  
*(attach menu if not on website)*

Type of Entity:  Corporation  Individual  Partnership  Joint Venture  LLC

FEIN/Social Security Number: \_\_\_\_\_

Is the applicant a member of the National Restaurant Association or similar professional organization?  Yes  No

If yes, which organization? \_\_\_\_\_

### Operations Information

Description of Operations:

Restaurant  Quick Service Restaurant  Pub/Tavern  Sports Bar  Piano/Martini Bar  Jazz/Blues Club  
 Craft Beer/Wine Bar  Comedy Club  Dance/Night Club  Other \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Maximum Capacity \_\_\_\_\_

Date business started under current ownership: \_\_\_\_\_

Number of years experience managing this type of operation: \_\_\_\_\_

Number of employees: Mgt \_\_\_\_\_ Bar \_\_\_\_\_ Host \_\_\_\_\_ Wait \_\_\_\_\_ Kitchen \_\_\_\_\_ Security \_\_\_\_\_

Does the applicant own/operate any other businesses? If so, describe. \_\_\_\_\_

Does the applicant have or sponsor any Teen or "Under 21 nights", or permit customers under the age of 21 in the bar area? \_\_\_\_\_

Does the applicant's operation have a dress code? \_\_\_\_\_

Do you have table service? \_\_\_\_\_ What is the average price of a meal? \_\_\_\_\_

What is the average age of your clientele?  18-25  25-30  30-40  40 & Over Are you located near a college campus?  Yes  No

Type of area?  Industrial/Commercial  Residential  Rural  Other \_\_\_\_\_

Does the applicant provide any catering services?  Yes  No

Total Annual Receipts:

	<u>Current Year</u>	<u>1<sup>st</sup> Prior Year</u>	<u>2<sup>nd</sup> Prior Year</u>
Food	\$ _____	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____	\$ _____
Cover Charges	\$ _____	\$ _____	\$ _____
Delivery Service	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

**Property and Premise Safety Information**

**Yes No**

1. Do you have a building maintenance program? Yes No
2. Is the building sprinklered? Yes No
3. Are all exits properly marked and lighted? Yes No
4. Is a secondary means of egress (exits) provided for each floor having public access? Yes No
5. Does the applicant have and practice an evacuation plan? Yes No
5. Are there any auxiliary electrical supply systems? Yes No
6. Are all smoke detectors properly maintained? Yes No
7. Is there a fire extinguishing system in the kitchen? Yes No
8. Are there any apartments or other type of occupancies in the building? Yes No
9. Does the kitchen have a deep fat fryer? If so, is it protected by an automatic fire extinguishing system? Yes No
10. Is the fire automatic extinguishing system wet system? Yes No
11. Does applicant have a contract in place for hood & duct cleaning? Yes No
12. Does the applicant have any pyrotechnics exposure? Yes No
13. Does the applicant have any mechanical rides, climbing walls, foam machines or inflatables? Yes No
14. Does the applicant conduct any physical contests or events inside or outside the facility?  
If yes, describe \_\_\_\_\_ Yes No
15. Is the risk located on a beach, vessel, dock or pier? Yes No
16. Has the applicant ever been cited for building code, health or liquor violations? If yes, describe citation:  
\_\_\_\_\_ Yes No

**Entertainment Information** (If applicant has more than 1 location, specify location number applicable to each form of entertainment)

1. Is there any type of entertainment listed below:

- |  |                 |                |
|--|-----------------|----------------|
| <input type="checkbox"/> DJ                  | Frequency _____ | Location _____ |
| <input type="checkbox"/> Stage/Floor Show    | Frequency _____ | Location _____ |
| <input type="checkbox"/> Live Band           | Frequency _____ | Location _____ |
| <input type="checkbox"/> Comedy Acts         | Frequency _____ | Location _____ |
| <input type="checkbox"/> Karaoke             | Frequency _____ | Location _____ |
| <input type="checkbox"/> Piano/Guitar Player | Frequency _____ | Location _____ |
| <input type="checkbox"/> Solo Vocalist       | Frequency _____ | Location _____ |
| <input type="checkbox"/> Billiards           | Frequency _____ | Location _____ |

Adult/Exotic Dancing Location \_\_\_\_\_

Slot/video poker machine Location \_\_\_\_\_

2. Does the applicant have a dance floor?  Yes  No

If yes, what is the size of the dance floor? \_\_\_\_\_

How often is the floor inspected for slip and fall hazards? \_\_\_\_\_

Is the floor raised?  Yes  No

If so, does it have a railing around the entire floor? \_\_\_\_\_

3. What type of music is the predominant music played?

Classic Rock  Rap/Hip Hop  Country  Pop  Other \_\_\_\_\_

### **Liquor Liability Information**

1. Name of Liquor License Holder & License Number: \_\_\_\_\_

2. Does the applicant ever sell or serve alcohol away from the premises? \_\_\_\_\_

3. Are all alcohol servers certified in a Formal Alcohol Training Course? \_\_\_\_\_

Advise name of course (SERVSAFE, TIPS, CARE, etc): \_\_\_\_\_

4. What time does the sale or service of alcohol cease? \_\_\_\_\_

5. Does the club use measuring or pouring devices for drinks? \_\_\_\_\_

6. Are employees allowed to consume alcohol during their hours of employment or service? \_\_\_\_\_

7. Does the applicant have knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? If yes, describe:

8. Has the applicant had any reported liquor liability and/or assault and battery claims or notification of potential liquor liability and/or assault and battery claims within the past five years? If yes, describe:

9. Does or will the applicant ever offer:

a. Any drink specials/happy hours?  Yes  No

b. Drink specials/happy hours lasting longer than 3 hours?  Yes  No

c. Drink specials/happy hours after 9:00pm?  Yes  No

d. Single drink servings larger than 24 ounces?  Yes  No

e. Complimentary drinks?  Yes  No

f. "All you can drink" specials?  Yes  No

g. "BYOB" bottle service or set-ups?  Yes  No

h. "Flaming shots"  Yes  No

10. Are IDs checked at the door or at the time of service? \_\_\_\_\_

Are electronic devices used to verify integrity of ID presented?  Yes  No

11. What is the lowest price of beer offered? \_\_\_\_\_

12. What is the lowest price of wine or liquor offered? \_\_\_\_\_

13. Does the applicant offer a ride service to intoxicated persons?  Yes  No

14. Does the applicant have a policy of not selling alcohol to intoxicated persons?  Yes  No

**Security Information**

1. Are security personnel:       Employees                       Contracted                       Both
- a. If applicant uses employees:
- Are background checks completed on all security employees?       Yes     No
- Do all security bouncers sign waivers?                                       Yes     No
- Does the applicant train all security employees on proper security  
        and removal of patrons?     Yes     No
- b. If applicant uses contractors:
- Does the applicant have a written agreement with the contractors?       Yes     No
2. Does the applicant engage police officers for work in or about the premises?       Yes     No
- If yes, how are they engaged and invoiced?
- With Municipality                       Secondary Employment Company                       Individually
3. Are firearms permitted or kept on premises?       Yes     No
4. Are security personnel responsible for ID checks?       Yes     No
5. Are incident logs documenting when a person was refused service or other  
    alcohol related events maintained?     Yes     No
6. Do you have video surveillance?       Yes     No
- Describe \_\_\_\_\_
7. How many days do you keep the video tapes \_\_\_\_\_
8. What procedures are in place for entry control (capacity limits)? \_\_\_\_\_
- 
9. Do you have a Standard Operating Procedure for selecting your  
    security personnel?    If so, please attach a copy.     Yes     No

**Automobile Information**

1. Do employees ever use their own autos for work?       Yes     No
2. What limit of liability is required for employees using their auto's for work? \_\_\_\_\_
3. Are there standards for employees using owned /non owned autos (age, MVR)?       Yes     No
- List \_\_\_\_\_
4. Does the applicant provide group transportation or livery service?       Yes     No
5. Does applicant provide delivery service?       Yes     No
6. Does the applicant offer valet parking?       Yes     No
- If yes, are valet's Employees?  Contracted?

**Employee/Hiring Information**

1. Do hiring procedures include background checks, job history and references?       Yes     No
2. Can cashiers tamper with customer's checks or register receipts?       Yes     No
3. Does the applicant have a written Sexual Harassment Policy?       Yes     No
4. What controls/procedures are in place to limit/control employee theft? \_\_\_\_\_

## FRAUD WARNINGS

**GENERAL FRAUD STATEMENT** (not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon and Vermont) Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, and Washington insurance benefits may also be denied.

**NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO OHIO APPLICANTS:** Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** A person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only applicable if using a producer)

Producer's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_