

Restaurant Questionnaire - Please return with ACORD 125, 126, and 140

Named Insured: _____

Property Location: _____

Year business established or acquired at this location _____ Primary type of food served _____

Number of Years experience (owning/operating/managing) in this restaurant type _____

Total annual gross receipts from all operations at this location _____

Total annual gross receipts from catering operations at this location _____

Total annual gross receipts generated from alcohol at this location _____

Location type:

____ Attached or within mixed-use building (no residential exposure) _____ Attached or within an office building

____ Attached or within hotel / motel _____ Enclosed Mall _____ Stand-alone building

____ Attached or within a building with residential exposure (apartments/condos) if so _____ # of residential units

____ Strip Shopping Center if so, other occupancies _____

____ Other please explain _____

Hours of Operation Open to the Public - Open _____ Close _____ Kitchen closes at _____

Total Square footage occupied by the applicant: _____ Seating Capacity for this location: _____

Total Square footage of Public area: _____ (public area is defined as the area where public is allowed)

Square footage of the total public area used exclusively for banquet &/or meeting rooms: _____

Indicate type of Entertainment: (select all that apply)

___ Live Band/DJ ___ Mechanical Rides ___ Dartboards ___ # Video Games ___ # Televisions ___ # Pool Tables

Indicate square footage of dance floor (enter 0 is not applicable): _____

Any table-side service involving open flames: _____ YES _____ NO

Is applicant responsible for the parking lot? _____ YES _____ NO

Indicate the type of fully operational automatic fire extinguishing system covering all hoods, ducts and cooking equipment

____ Dry Chemical _____ UL300 Wet Chemical _____ Water Spray

How often are extinguishing & hood/flue/duct systems inspected/serviced by license independent contractor? _____

How often are the cooking equipment filters cleaned? _____ Weekly _____ Monthly _____ Other

Are there any deep fat fryers on the premises? _____ YES _____ NO

Do all deep fat fryers have thermostats, fuel cut offs & proper ventilation? _____

Have there been any prior liquor citations? _____ YES _____ NO

Has there been prior liquor liability coverage? _____ YES _____ NO

Are all employees who serve alcohol given formal alcohol service training (such as TIPS)? _____ YES _____ NO

Does applicant have written policy covering alcohol service guidelines? _____ YES _____ NO

Are all alcohol related incidents documented? _____ YES _____ NO

of Employees: _____ Full Time _____ Part Time Total Payroll: _____