



Restaurant/Bar/Tavern Supplemental Questionnaire (Complete in addition to ACORD application)

Insured: _____

Location: _____

Number of years in business at this location: _____

Number of years experience operating this type of business: _____

Business hours _____ **to** _____ **Number of days open per week:** _____

Describe neighborhood (i.e., rural, commercial, residential): _____

Describe the crime rate in the neighborhood: _____

	YES	NO		YES	NO
Live Bands?	<input type="checkbox"/>	<input type="checkbox"/>	Female/Male Reviews?	<input type="checkbox"/>	<input type="checkbox"/>
Dance Floor?	<input type="checkbox"/>	<input type="checkbox"/>	Dancers?	<input type="checkbox"/>	<input type="checkbox"/>
Bouncers?	<input type="checkbox"/>	<input type="checkbox"/>	Disc Jockey?	<input type="checkbox"/>	<input type="checkbox"/>
Pool Tables?	<input type="checkbox"/>	<input type="checkbox"/>			
Other Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	explain: _____		

Clientele Age: 18 – 25 25-35 Over 35 Years Over 50 Years

Clientele Origins: Local Residents College Families Transient

Fiscal Dates (month & year) _____

Beer, Wine & Liquor Sales \$ _____ \$ _____ \$ _____

Food Sales \$ _____ \$ _____ \$ _____

Total \$ _____ \$ _____ \$ _____

Payroll Expense (excluding owners) \$ _____ \$ _____ \$ _____

Inventory Expense \$ _____ \$ _____ \$ _____

Other Expense \$ _____ \$ _____ \$ _____

Bankruptcy History? _____ Number of Mortgages _____

Name of person to contact for financial records _____

Phone Number: _____

Fire Extinguisher a. How many? ____ b. Service & Tagged within the past year yes no

Last renovation date for: a. Heating system _____ b. Electrical system _____ c. Roof _____

	Yes	No
Is any type of cooking done on premises (Please circle if Microwave cooking only)?	<input type="checkbox"/>	<input type="checkbox"/>
UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?	<input type="checkbox"/>	<input type="checkbox"/>
Semi-annual service contract for auto extinguishing system?	<input type="checkbox"/>	<input type="checkbox"/>
Automatic gas or electric shut off for cooking with manual pull?	<input type="checkbox"/>	<input type="checkbox"/>
Are hoods and ducts equipped with filters?	<input type="checkbox"/>	<input type="checkbox"/>
Are filters cleaned at a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>
Are hoods and ducts cleaned at a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>
Are portable fire extinguishers mounted and accessible to cooking areas?	<input type="checkbox"/>	<input type="checkbox"/>

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant: _____

Date: _____

Producer: _____

Date: _____