

RESTAURANT/TAVERN SUPPLEMENTAL QUESTIONNAIRE

All Questions Must be answered. To be completed in addition to the Acord General Liability application.

Applicant: _____ Agency: _____
DBA: _____

BUSINESS INFORMATION:

Number of Years at this Location under Current Ownership: _____

Number of Years experience in Restaurant/Tavern Management: _____

Number of Years in Restaurant/Tavern Ownership: _____

Total Receipts: \$ _____ Food Receipts: \$ _____ Alcohol Receipts: \$ _____

Number of Employees: _____ Employee Payroll: \$ _____

Has Insurance ever been Cancelled or Non-renewed? Yes No

If Yes, Explain: _____

Is Applicant aware of any incidents which may lead to a Claim? Yes No

If Yes, Explain: _____

Has applicant ever been convicted of a felony? Yes No

If Yes, Explain: _____

Prior Carrier: _____

Loss History: _____

Prior Carrier (Liquor Legal Liability): _____

Loss History: _____

PREMISES INFORMATION:

Building Square Footage: _____ Occupied Square Footage: _____ Customer Square Footage: _____

Is Parking Lot under applicants Control? Yes No

If Yes, Square Feet: _____

Any other Occupants in the Building? Yes No

If Yes, Describe: _____

Are Facilities rented out? Yes No

If Yes, Describe: _____

Days open per week: _____ Hours of operations: _____

Fire Extinguishers? Yes No

How many: _____ Last serviced: _____

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AUTO FAX (800) 439 - 9319

Web site address: <http://www.ric-ins.com>

E-Mail address: ricins@ric-ins.com

ENTERTAINMENT:

Is there Entertainment? Yes No

If Yes, Describe: _____

Is there Dancing? Yes No

If Yes, Size of Dance Floor: _____ Nights Per Week: _____

Live Music? Yes No

If Yes, What Type? _____ Nights Per Week: _____

Amusement Devices? Yes No How many? _____

Describe: _____

Pool Tables? Yes No

If Yes, How Many? _____

Bouncers? Yes No

If Yes, How Many? _____ Employees of Applicant? _____

Security Guards? Yes No

If Yes, How Many? _____ Employees of Applicant? _____

I.D. Checkers? Yes No

If Yes, List all other job duties: _____

Doormen? Yes No

If Yes, List all other job duties: _____

Contests or Exhibitions? Yes No

If Yes, Describe: _____

Audience Participation? Yes No

If Yes, Describe: _____

Other Entertainment not listed above: Yes No

If Yes, Describe: _____

Weapons? Yes No

If Yes, Where are they kept? _____

COOKING – If None, Check here

Tableside Cooking? Yes No

Automatic Suppression System? Yes No

Deep Fat Fryers? Yes No

If yes, does it protect all hoods, ducts and griddles? _____

If Yes, Is there an automatic high limit shutoff? _____

Automatic shutoff device? Yes No

Outside Commercial Cleaning Service for hood & duct system? Yes No

If Yes, does it protect all hoods, ducts, & griddles? _____

Off Premises Catering? Yes No

If Yes, percentage of total receipts? _____ %

Any raw food served? Yes No If yes, what percentage? _____ %

The Applicant, Agent and/or Broker represents that the statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature

Date

Producer's Signature

Date