

Fine Dining 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 \$10,000

Applicant Information

Applicant: _____ DBA: _____
(Legal Entity Name)

Address: _____

Loss Control Contact: _____ Phone: _____

Website Address: _____ Fax: _____
(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 Pub/Tavern Sports Bar Piano/Martini Bar Jazz/Blues Club

Comedy Club Dance/Night Club Adult club Other _____

Hours of Operation: _____ Maximum Capacity: Bar: _____ Dining: _____

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? _____

If Adult club is full nudity allowed? Yes No If Yes are dancers interacting with patrons or there is a 10 foot rule? Please describe _____

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

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 | Location _____ | |
| <input type="checkbox"/> Adult/Exotic Dancing | Location _____ | |
| Slot/video poker machine | Location _____ | |

2. Does the applicant have a dance floor? Yes No If yes, how many? _____

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
 Background/Ambiance Music

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 STATEMENT:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

WARRANT: THE UNDERSIGNED REPRESENTS AND WARNTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTHON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ADAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HEREWITH, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELTY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Applicant's Signature: _____ Date: _____

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

Producer's License Number: _____ Exp. Date: _____

SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT INSURANCE OFFERED.