

Restaurant/Bar/Tavern/Nightclub Supplemental Questionnaire

P.O. Box 803143 • Dallas, TX 75380 972 239-1458 • 800 291-6846 • 972 233-3487 Fax

INSURED							
GENERAL INFORMATION							
Number of years in this type of business	Number of years thi						
Business Hours to	Number of days bus						
Yes No		Yes No					
Live Bands?			Days Per Week _				
Dance Floor?			Days Per Week _				
Dancers?			Days Per Week _				
Bouncers?			Days Per Week _				
	5-35 • Over 35 Years	Over 50 Ye					
Clientele Origins		☐ Transient					
FILL IN FINANCIAL INFORMATION FOR THE PAS	ST THREE YEARS AS REQUESTED BE	LOW:					
a. Fiscal Dates (month & year)	·						
b. Beer, Wine & Liquor Sales	\$	\$					
c. Food Sales	\$	\$					
d. Total	\$	\$					
e. Payroll Expense (excluding owners)	\$	\$					
f. Inventory Expense	\$	\$					
g. Other Expense	\$	\$	\$				
NAME OF PERSON TO CONTACT FOR FINANCIAL	RECORDS						
PHONE NO.							
PROPERTY COVERAGE INFORMATION							
Distance from nearest a. Responding Fire S	Station miles	b. Fire Hydrar	nt	feet			
Fire Extinguishers a. How many?	b. Serviced & Tagged wit	erviced & Tagged within the past year?		☐ No			
Last renovation date for a. Heating System_	b. Electrical Sys	tem	c. Roof				
COOVING HAZARD OHESTIONNAIRE							
COOKING HAZARD QUESTIONNAIRE			Yes	No			
a. Is there any type of cooking done on premise							
b. UL approved auto extinguishing system over							
c. Semi-annual service contract for auto extingu							
d. Automatic gas or electric shut off for cooking							
e. Are hoods and ducts equipped with filters?							
f. Are filters cleaned at a MINIMUM of every six							
·							
g. Are hoods and ducts cleaned at a MINIMUM			_	_			
h Are nortable fire extinguishers mounted and	accessible to cooking areas?			1 1			

5.	GENERAL LIABILITY INFO	DRMATION							
	Area of	a. Premises square feet b. Parking Lot		king Lot	square feet				
	Number of Employees	Managers	S Bartenders		Waiter/Watresses		Security/Bouncers		
	Floor covering of areas o	pen to public	☐ Wood	☐ Linoleum	☐ Tile	☐ Carpet	☐ Oth	ner	
	Surface of parking lot		Asphalt	alt 🔲 No Parking			☐ Other		
	Number of Exits	Are all exit	s marked with	exit signs?	Yes	☐ No			
	Are all exits equipped wi	th panic door h	ardware?		☐ Yes	☐ No			
	If "No," are all exits kept	unlocked durin	g business hou	rs?	☐ Yes	☐ No			
	Liquor License #	L	Liquor Liability Insurer Name						
	Policy #			F	Policy Dates	S	to		
6.	AGENT SECTION								
								Yes	No
	a. Is this new business to	the agency?							
	b. Have you personally v	iewed this build	ling?						
	c. Have you personally in	spected this bu	ilding?						
	d. How long have you known the applicant?						years		
	e. How long have you ins	sured the applic	ant?						Years
	overage is provided, it will ited to, the following:	l contain specia	exclusion (abo	ove and beyond	normal pol	icy exclusions)	including,	but not i	necessarily
	a. Assault and Battery		b. Liquor Lial	bility					
	e Applicant, Agent or Brok opressed or misstated.	er represents th	nat the above s	tatements and f	acts are tru	e and that no r	material fa	cts have	been
Co	mpletion of this form does	s not bind cover	age or commit	the company to	policy issu	ance.			
	y person who, with intent im containing a false or d					inst an insurer	, submits	an applic	cation or files a
Ар	plicant:			Prod	ducer:				
Sig	nature:								
Da	te:			Prod	ducer's Sigr	nature			