

RESTAURANT/TAVERN SUPPLEMENT

Named Insured _____ Policy Number _____
Location Address _____

1. Number of years in business: _____ Number of years at this location _____ Seating Capacity _____
2. Annual gross sales \$ _____ Split by percent _____ % food _____ % liquor _____ % catering
3. Is there delivery? Yes No
4. Hours: Weekdays _____ Weekends _____ Seasonal (dates closed) _____
Days of week open _____ Sunday, _____ Monday, _____ Tuesday, _____ Wednesday, _____ Thursday, _____ Friday, _____ Saturday
Nightclubs - Provide breakdown of clientele by age and percentage. 21-25 _____ %, 26-30 _____ %, 30 - 40 _____ %, over 40 _____ %
5. Do you have any outstanding tax liens? (ie: property, sales, wage withholding, bankruptcy) Yes No
If yes, explain: _____
6. Cooking facilities:

| Ranges | Ovens | Deep Fat Fryers | Grills | Broilers | Others (give description) and No. |
|-------------------|-------|-----------------|--------|----------|-----------------------------------|
| Number of : _____ | _____ | _____ | _____ | _____ | _____ |
7. Are hood/ducts and all fryers, grills and ranges protected by automatic extinguishing systems? Yes No
8. Are hoods and ducts cleaned semi-annually by a professional cleaning service? Yes No
When was it last serviced? _____
9. Is there a type K (UL300 Standard) fire extinguisher in the kitchen? Yes No
10. Is there adequate and properly marked exits equipped with approved panic hardware to allow controlled exits? Yes No
11. Date of buildings last complete electrical inspection. _____
12. Main event area hall or dance floor on street level? Yes No If no, explain _____
13. Any remodeling underway? Yes No If yes, explain: _____
14. Entertainment: (Check if applicable)

| | |
|--|--|
| <input type="checkbox"/> DJ/live bands Number of time per week _____ | <input type="checkbox"/> Volleyball courts # _____ # of games per year _____ |
| <input type="checkbox"/> Dance floor | <input type="checkbox"/> Softball diamonds # _____ # of games per year _____ |
| <input type="checkbox"/> Golf simulator # _____ # of games per year _____ | <input type="checkbox"/> Slot/Video poker machines # _____ |
| <input type="checkbox"/> Horseshoe pits # _____ # of games per year _____ | <input type="checkbox"/> Exotic, topless, nude or similar type of dancing |
| <input type="checkbox"/> Stage Diving, Mosh Pits, or allow activity that cause bodily harm to spectators | |
| <input type="checkbox"/> Other patron participation events? Explain _____ | |
15. Have acts that use pyrotechnics of any type allowed on premises Yes No
(Including but not limited to gunpowder, fireworks, open flames or any incendiary products.)
16. Have there been any police calls to this establishment in the last 3 years? Yes No
If yes, how many and reason for call _____
17. Do you have guns on premises? Yes No
18. Evacuation plans in place, posted for all to see and employees trained to provide evacuation assistance? Yes No
19. Do you employ security or crowd control personnel? Yes No
Are they ever armed? Yes No
20. Does anyone live on the premises? Yes No If yes, who? _____
21. Do you provide transportation to sporting events? Yes No
22. Do you ever participate in street fairs, community celebrations, etc. with a food stand? Yes No
23. Any public code violations or has the Health Department ever shut down your operation? Yes No
If yes, give details _____

24. Other exposures (complete only if applicable)

Is /are there:

Pool/beach

Yes No

Saddle animals

Yes No

Diving boards or water slides

Yes No

Target ranges (gun or archery)

Yes No

Floats or rafts

Yes No

Skiing/sledding

Yes No

(including inflatable water trampolines or slides)

Docks or slips

Yes No

Watercraft

Yes No

25. Has applicant/insured/business principal had ownership interest in or managed another restaurant, bar or grill in the past 10 years?

Yes No

26. **Attach photos of each building 20 years of age and older.**

27. **Attach a copy of current Liquor License.**

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.

Signature of Applicant

Date

Signature of Agent