

# Restaurant Questionnaire

**GENERAL INFORMATION:**

Name of Insured: _____
Website Address: _____
Is this an established business with previous insurance? _____
DUNS Numbers: _____ DUNS Unknown: _____
How many years of ownership does the applicant have? _____
Are there any locations or business interests which are owned by the applicant but not shown on this application?    Yes    No
Number of years under current management? _____

**LOCATION INFORMATION:**

Type of Restaurant:      Fast Food              Casual Dining              Fine Dining Restaurants – No cooking/frying, limited seating Restaurants – WITH Cooking and limited seating Other than shown
Is the restaurant a franchise?
What is the primary type of cuisine?
Does the restaurant regularly provide meal/food delivery?
What is the year the business was established or acquired at this location?
Total annual gross receipts at this location? \$
Total annual gross catering receipts at this location? \$
Total annual receipts from serving alcohol at this location? \$
Indicate the location type:    Stand-alone building              Located in a strip shopping center Attached or within buildings with residential apartments or condos Attached to or within office buildings Attached to or within mixed occupancy building without residential exposures Attached to or within a hotel/motel Located within enclosed mall Other than described above
What are the hours of operation? Weekend:    Open                              Close Weekdays:    Open                              Close
Total square footage occupied by the applicant:

Total square footage of the public area:	
Is the business seasonal?	Yes No
Was the building originally constructed as a restaurant?	Yes No
What is the total seating capacity?	
Is there video surveillance system at this location?	Yes No
Is the restaurant responsible for the parking lot?	Yes No
Is there a drive through at this location?	Yes No
Are there playgrounds at this location?	Yes No
What percentage of the building does the restaurant occupy? _____%	
If less than 100%, what percentage is occupied by the following types of operations?	
_____%	Habitation/Apartment _____% Autoservice/Repair
_____%	Bars/Pubs _____% Grocery Store _____% Offices
_____%	Other Restaurants _____% Retail Stores _____% Other than above
What percentage of the building is vacant or unoccupied? _____%	

**COOKING OPERATIONS:**

Indicate the type of fully operational automatic fire extinguishing system covering all hoods, ducts, and cooking equipment:	
Dry Chemical    UL 300 Wet Chemical    Water Spray    Other	
How often is the automatic fire extinguishing system inspected and serviced by a contracted outside firm?	
Monthly    Quarterly    Semi-annually    Annual	
How often are flues and ducts inspected and cleaned by contracted outside firm?	
Monthly    Quarterly    Semi-annually    Annual	
How often are cooking equipment exhaust filters cleaned?	
Daily    Weekly    Monthly    Quarterly    Semi-annual    Annual	
Is there any table side service provided that involves open flames?	
Yes    No	
Are there any deep fat fryers on the premise?    Yes    No	
If Yes, do the fryers have thermostats, fuel cut-offs and proper ventilation?	
Yes    No	
Does extinguishing system have an easily accessible manual release control?	
Yes    No	
Are there any open pit cooking areas that are part of the main building?	
Yes    No	

**MENU PRICING:**

(Excluding Wine/Alcohol) NOTE if a copy of the menu is attached, skip this section

Maximum Entrée Price:	\$
Minimum Entrée Price:	\$
Average Entrée Price:	\$
Maximum Complete Meal Price:	\$
Minimum Complete Meal Price:	\$
Average Complete Meal Price:	\$

**CATERING:**

Is catering provided?    Yes    No
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If Yes, please answer the following questions:

Number of off premise events:
Percentage of total receipts: _____%
Describe catering operation:
Meeting and special event planning:    Yes    No
Largest event (#of attendees):
Number of events off premise:
Bartending: On premise:    Yes    No    Number of onsite events:
Bartending: Off premise:    Yes    No    Number of offsite events:
Are Hold Harmless contracts (holding our insured harmless) certificates of insurance and/or additional insured provisions in place for all vendors (i.e. stock food providers, tenant/landlord, maintenance service, security alarm provider, etc.)    Yes    No
Is the repair and maintenance (Outside of normal clean-up) handled by the employees?    Yes    No

**MANAGEMENT AND EMPLOYEES:**

What is the total number of employees?
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	Full time	Avg length of employment
Wait staff		
Bartenders		
Other		

Management (Individual(s) responsible for day-to-day operations)

Active owner/manager?    Yes    No
Chef/manager?    Yes    No
Employed manager?    Yes    No

Experience of management at the owner/management level in restaurant industry?

More than 5 years?    Yes    No
3 to 5 years?    Yes    No
Less than 3 years?    Yes    No
Less than 2 years?    Yes    No

How long has the restaurant been at the same location under the same management?

3 years or more?	Yes	No
Less than 3 years?	Yes	No

**GENERAL OPERATIONS:**

Does the restaurant include any of the following?

Live Band:	Yes	No	Type:
DJ:	Yes	No	
Dart Boards:	Yes	No	
Video Games:	Yes	No	Number:
Pool or Game Tables:	Yes	No	Number:
Televisions:	Yes	No	Number:
Dance Floor:	Yes	No	Size (square ft):
Other Not Listed:	Yes	No	Type:

**LIQUOR LIABILITY (Complete if applicable)**

Liquor license?	Yes	No
Is there a separate bar area?	Yes	No
Does the bar area close later than the dining area?	Yes	No
Are drink promotions, such as happy hour, offered?	Yes	No
Does the restaurant allow patrons to bring their own alcohol?	Yes	No
Have there been any prior liquor citations?	Yes	No
Has there been any prior liquor liability coverage?	Yes	No
Has liquor coverage ever been canceled or non-renewed?	Yes	No
Is there a separate bar or lounge?	Yes	No
Are all employees that serve alcohol given formal alcohol service training, such as TIPS?	Yes	No
Does the restaurant have a written policy covering service guidelines?	Yes	No
Are alcohol related incidents documents?	Yes	No

**AUTOMOBILE RELATED OPERATIONS/VALET PARKING**

Does the restaurant provide valet parking at this location?	Yes	No
Do all valet parking attendants have a valid U.S. driver's license and are they all over the age of 21?	Yes	No
Do any valet parking attendants have any major driving violations?	Yes	No
Are keys regularly left in the vehicles after they are parked?	Yes	No
Are car wash, oil changes, or other related services other than parking provided?	Yes	No

**MONEY AND SECURITIES COVERAGE:**

If Money and Securities Coverage is desired please answer the following questions:

Does the insured maintain a cash register with receipts for daily record keeping?	Yes	No
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Are daily bank deposits made?    Yes    No
If no, how often are deposits made?

**MISCELLANEOUS:**

Are patron complaints documented (slip, fall, object in food, etc.)? Yes    No
Please describe procedures used to prevent food borne illness:
What procedures are used to track food shelf life? Please describe:
What training is provided for employees on food handling situation procedures?
What is the sanitation rating for the restaurant? Current: First Prior: Second Prior:
Has the insured ever been cited for a violation of the local board of health regulation?    Yes    No If Yes, please explain:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_