



**Restaurant/Bar/Tavern Supplemental Questionnaire**  
**(Complete in addition to ACORD application)**

Insured: \_\_\_\_\_

Location: \_\_\_\_\_

Number of years in business at this location: \_\_\_\_\_

Number of years experience operating this type of business: \_\_\_\_\_

Business hours \_\_\_\_\_ to \_\_\_\_\_ Number of days open per week: \_\_\_\_\_

Describe neighborhood (i.e., rural, commercial, residential): \_\_\_\_\_

Describe the crime rate in the neighborhood: \_\_\_\_\_

	YES	NO		YES	NO
Live Bands?	<input type="checkbox"/>	<input type="checkbox"/>	Female/Male Reviews?	<input type="checkbox"/>	<input type="checkbox"/>
Dance Floor?	<input type="checkbox"/>	<input type="checkbox"/>	Dancers?	<input type="checkbox"/>	<input type="checkbox"/>
Bouncers?	<input type="checkbox"/>	<input type="checkbox"/>	Disc Jockey?	<input type="checkbox"/>	<input type="checkbox"/>
Pool Tables?	<input type="checkbox"/>	<input type="checkbox"/>			
Other Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	explain: _____		

Clientele Age:  18 – 25     25-35     Over 35 Years     Over 50 Years

Clientele Origins:  Local Residents     College     Families     Transient

Fiscal Dates (month & year) \_\_\_\_\_

Beer, Wine & Liquor Sales    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Food Sales    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Total    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Payroll Expense (excluding owners)    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Inventory Expense    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Other Expense    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Bankruptcy History? \_\_\_\_\_ Number of Mortgages \_\_\_\_\_

Name of person to contact for financial records \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fire Extinguisher    a. How many? \_\_\_\_    b. Service & Tagged within the past year  yes  no

Last renovation date for:    a. Heating system \_\_\_\_\_    b. Electrical system \_\_\_\_\_    c. Roof \_\_\_\_\_

	Yes	No
Is any type of cooking done on premises (Please circle if Microwave cooking only)?	<input type="checkbox"/>	<input type="checkbox"/>
UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?	<input type="checkbox"/>	<input type="checkbox"/>
Semi-annual service contract for auto extinguishing system?	<input type="checkbox"/>	<input type="checkbox"/>
Automatic gas or electric shut off for cooking with manual pull?	<input type="checkbox"/>	<input type="checkbox"/>
Are hoods and ducts equipped with filters?	<input type="checkbox"/>	<input type="checkbox"/>
Are filters cleaned at a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>
Are hoods and ducts cleaned at a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>
Are portable fire extinguishers mounted and accessible to cooking areas?	<input type="checkbox"/>	<input type="checkbox"/>

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_