

Please complete one Program questionnaire for EACH insured location

Effective Date:

Today's Date:

Insured: _____

DBA: _____

Website: _____

FEIN #: _____

Location #: _____

Location Address: Street: _____ City: _____ State: _____ Zip Code: _____

Owner/Shareholders Name(s): _____

Number of Locations: _____ (Complete One Supplemental App for Each Location)

Current Carrier: _____ Current Premium: _____

Current Broker: _____ Target Premium: _____

OPERATIONS: (Mark All that Apply)

- Checkboxes for: Fine Dining, Casual Dining, Quick Serve, On Premises Catering, Off Premises Catering, Lodging, Retail/Take Out/Liquor Store, Franchise, Chain, Gentlemen's Club, Nightclub, Tavern or Bar, Private Club, Other.

Concept: _____ Annual Food Sales: \$ _____ Annual Admissions Sales: \$ _____ Miscellaneous Sales: \$ _____ Annual Liquor Sales: \$ _____ Annual Banquet/Room Rental Sales: \$ _____ Describe: _____

Hours of operation: _____ Days of operation: _____ Hours kitchen open: _____ 24 hour operation? _____ Seating capacity: _____ Tableside cooking? _____ Table service by wait staff? _____ Written food handling procedures? _____ Standard procedures for spills/wet floors? _____ Any Board of Health citations? _____ Health Department letter grade, if applicable: _____ Any bankruptcy or foreclosure? _____ Start of business (Year) _____ At location (Year): _____ If less than 5 years at location, describe Owner's experience: _____ Years of experience: As Owner: _____ As Manager: _____

PREMISES:

Year of construction of building: _____

Does the insured own the building? _____ Is the building sprinklered? _____ Are there other occupants in the building? _____ Building more than 25% vacant? _____ Has the building been re-modeled in the past 20 years? _____ Any construction/renovation contemplated in the coming year? _____ Distance to ocean: _____ Smoke detectors? _____ Fire alarm? _____ Burglar alarm? _____ Emergency lighting Uu to code? _____ Is this a seasonal operation? _____ If yes, what is the season? From _____ To _____

PREMISES (continued):

What is the legal capacity as established by fire marshal or fire dept? # of persons: _____
 Has risk been cited for any fire or life safety violations? Yes No
 If yes, describe: _____
 Number of exits: _____ Are all exits marked with exit signs? Yes No
 Are all exits equipped with panic door hardware? Yes No
 If no, are all exits kept unlocked during business hours? Yes No
 Number of floors occupied by Insured? _____
 Number of elevators under Insured control? _____ How often are they inspected? _____
 Number of apartments: _____ If yes, hard wired smoke detectors? Yes No
 Off-premises parking? Yes No If yes, owned or leased? _____

KITCHEN FIRE PROTECTION – ONLY REQUIRED IF THERE IS PROPERTY COVERAGE & COOKING:

How often are filters cleaned? _____ By whom? _____ Outside Contractor: Yes No
 Hood and duct cleaning frequency? _____ Outside Contractor: Yes No
 Automatic kitchen extinguishing system serviced semi-annually? Yes No Wet Dry
 Does it cover over all cooking surfaces? Yes No
 Are fire extinguishers BC & K kept in the kitchen area & are they serviced semi-annually? Yes No

HIRED/NON-OWNED (and GKLL, if eligible):

Any food delivery operations by vehicle? Yes No
 Any passenger transportation provided? Yes No
 Any valet parking? Yes No By Employees? Yes No # of Employees: _____
 Outside service? Yes No (Certificate of Insurance Required)
 Where are keys kept? _____
 Any valet parking off premises? Yes No If yes, describe: _____
 MVRs required? Yes No

Name & Address	Age	Driver's License #

Non-owned auto? Yes No
 Are any owner's vehicles or employee's vehicles used for business more than once per week? Yes No
 Any drivers with a DUI, DWI, reckless driving or suspended license in the past 5 years? Yes No

ALCOHOL:

Number of bars on premises: _____
 Lounge only area? Yes No Hours of operation: _____ Days of Operation: _____
 Do you have Bottle Service? Yes No
 Any special drinking promotions? (Ladies Nights, Special Drink Nights, Happy Hour, etc.) Yes No
 If yes, describe: _____
 Do you ever include drink specials before 4 pm or after 9 pm? Yes No
 If yes describe: _____
 Are all alcohol-serving employees certified in a formal alcohol training course? Yes No
 If yes, provide name of course: (i.e. TIPS, TAM, RAMP, BEST, etc): _____
 Do you have a written policy on serving alcohol to customers? Yes No
 Is management notified prior to shutting off patrons? Yes No
 Any alcohol manufacturer or distributor sponsored events? Yes No
 If yes, do you receive proof of insurance, COI and Add'l Insured? Yes No
 Are drinking consumption games, contests or drinking enticing equipment permitted? Yes No
 If yes, describe: _____
 If there is no table service, do customers transport their own alcoholic beverages? Yes No
 Any Liquor Liability claims? Yes No
 If yes, describe: _____
 Any liquor law violations reported to the state liquor commission? Yes No
 If yes, describe: _____

ENTERTAINMENT:

Describe entertainment (e.g. - "DJs," bands, karaoke, poker night): _____
Do you receive proof of insurance from outside vendors? (e.g. - COI and Add'l Insured) Yes No
Is there a dance floor? Yes No If yes, sq ft _____ If no, is dancing permitted? Yes No

Type of music played: Pop/ "Top 40" Jazz Rap/ Hip-Hop Country
 Easy Listening/ Muzak Instrumental Folk Heavy Metal
 Other - Describe: _____

Describe days, times and frequency of entertainment: _____
Amusement devices? (pool tables, video games, children's play areas, ball pits, etc.) Explain: _____
Mechanized devices? (riding bull, etc.) Explain: _____
Number of TVs?: _____

SECURITY:

Do you have ID Checkers, Bouncers, Doorpersons, Crowd Control, or Security? Yes No
If Yes, describe type, purpose and number per shift: _____
Have they completed security training program? Yes No
If yes, describe: _____
Is security provided by an outside service/contractor? Yes No
If yes, do you receive proof of insurance, COI and Add'l Insured? Yes No
Are the Bouncers, Doorpersons, or Security armed? Yes No
Are firearms kept or permitted on the premises? Yes No
Do you ever charge a "cover charge"? Yes No
Is the establishment primarily patronized by students? Yes No

COMPLETE IF THE LIQUOR SALES ARE MORE THAN 50% OR IF THERE ARE NIGHTLIFE EXPOSURES:

Average age range of clientele? _____
Are patrons under 21 years old permitted? Yes No
Do you have teen night or under 21 night? Yes No
If yes, will applicant utilize Tyvek wristbands to distinguish between those of legal drinking age and those under the legal drinking age? Yes No
Are restrooms co-ed? Yes No
Are pyrotechnics permitted? Yes No
Is stage diving or mosh pits permitted? Yes No
Do you hire promoters or have promotion nights? Yes No
If yes, describe event type(s) and frequency: _____
Do you sponsor any athlete teams or leagues? (e.g. - Softball, Football, Pool, Darts, etc.): _____
If yes, describe: _____
Do participants sign a waiver? Yes No

**Attach Completed ACORD Applications for all requested coverages.
Attach 5 years hard copy loss runs - valued within the last 3 months.**

Insured Signature

Printed Name of Insured

Broker Signature