



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: _____

Table with columns YES/NO for Live Bands?, Dance Floor?, Bouncers?, Pool Tables?, Other Entertainment, Female/Male Reviews?, Dancers?, Disc Jockey? and an explain: field.

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 _____

Table with columns Yes/No for Is any type of cooking done on premises, UL approved auto extinguishing system, Semi-annual service contract, Automatic gas or electric shut off, Are hoods and ducts equipped with filters, Are filters cleaned at a MINIMUM of every six months, Are hoods and ducts cleaned at a MINIMUM of every six months, Are portable fire extinguishers mounted and accessible to cooking areas?

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: _____