

# Supplemental Questionnaire for Restaurants

This is a supplemental questionnaire to the ACORD 125 application.

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

Type of Restaurant			
<input type="checkbox"/>	Upscale	Average entrée price:	\$
<input type="checkbox"/>	Casual Dining	Average full meal price (if prix fixe):	\$
<input type="checkbox"/>	Themed	Total food receipts at this location:	\$
<input type="checkbox"/>	Pizza	Total liquor receipts at this location:	\$
<input type="checkbox"/>	Ice Cream/Beverage Shop		
<input type="checkbox"/>	Cafeteria/Buffer	Hours of operation- restaurant:	AM/PM. AM/PM.
<input type="checkbox"/>	Institutional Food Service	Hours of operation- bar/lounge:	AM/PM. AM/PM.
<input type="checkbox"/>	Catering		
<input type="checkbox"/>	Quick Service (no table service)	Years management experience of	
<input type="checkbox"/>	Other: _____	Owner/General Manager:	YRS.

General Operations	
1. Are deliveries made?	<input type="checkbox"/> YES <input type="checkbox"/> NO
___ Residential    ___ Business to Business	
If "yes":	
Delivery associated with catering operations only?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Delivery by employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
___ Owned vehicles    ___ Non-owned vehicles	
Delivery by third-party vendor(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do all contracts include hold harmless wording in the applicant's favor and are certificates of insurance received?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Total receipts from off-site catering: \$ _____ or ___ N/A	
3. In-home catering?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes":	Total Receipts: \$ _____
a. Are the applicant and employees bonded for theft?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Are criminal background checks performed on all employees performing in-home catering?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. If any employees use their own vehicles on company business daily, does the insured monitor evidence of personal auto insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is valet parking service provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", by whom?	<input type="checkbox"/> Applicant <input type="checkbox"/> Third-party
6. Are hold harmless agreements in applicant's favor and certificates of insurance naming applicant as additional insured obtained for all independent contractors or vendors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "no", please explain: _____	

### Kitchen Facilities

1. Does an outside firm clean hoods and ducts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", frequency of service:	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually
	<input type="checkbox"/> Annually	
2. Are there portable extinguishers available in the kitchen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Is there an automatic fuel shut off to all cooking appliances activated by the release of the extinguishing system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are there thermostat and high temperature shut offs to deep fat fryers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Is the automatic extinguishing system under a service maintenance contract by an outside firm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", frequency of service:	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually
	<input type="checkbox"/> Annually	
6. Is there a minimum clearance of 18 inches for hoods and ducts from all combustibles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. How often are hood <u>filters</u> cleaned?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly
	<input type="checkbox"/> As needed, more frequently	<input type="checkbox"/> As needed, less frequently

### Liquor Liability (if applicable) \_\_\_ N/A

1. Is a food menu available during all hours of liquor service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has applicant had any reported liquor liability claims or notifications of potential liquor liability claims in the past five (5) years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", please explain: _____		
_____		
3. Has applicant's liquor liability coverage even been cancelled or non-renewed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", please explain: _____		
_____		
4. Has the applicant had any fines, citations, or license suspensions or revocations of liquor sales laws or ordinances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", please explain: _____		
_____		
5. Are all servers certified in a formal alcohol training course (e.g. TIPS, TAM, RAMP, ServSafe, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. In addition to use of a certified alcohol training course, does applicant have a <u>written</u> policy for serving alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Does management review this written policy with servers on a regular basis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Is there a stand-alone bar/cocktail lounge unconnected to a restaurant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", please explain: _____		
_____		
9. Does applicant have any alcohol consumption promotions/happy hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", describe the promotions and how consumption quantities are controlled: _____		
_____		
10. Does applicant provide entertainment, dancing, live bands, a DJ, or amusement devices?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", please describe: _____		
_____		
11. Does applicant use any on-site security or bouncers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", please describe: _____		
_____		

12. Does applicant conduct criminal background checks on all security personnel?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. If security services are contracted to a third-party: Does contract security firm conduct background checks on all personnel?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Are hold harmless agreements in applicant's favor and certificates of insurance naming applicant as additional insured obtained from contract security firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Is there the use of armed security?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Does contract firm's General Liability and E&O coverage exclude or sublimit assault or battery or personal injury coverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", please explain: _____	
_____	

**Disclaimer and Signature**

*The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this questionnaire. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior questionnaire to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct, and complete to the best of his/her knowledge.*

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Licensed Producer, Broker,  
or Agent: \_\_\_\_\_

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

COVERAGE CANNOT BE ISSUED UNLESS THE QUESTIONNAIRE IS PROPERLY SIGNED AND DATED.