



# Restaurant/Tavern Questionnaire

## APPLICANT INFORMATION

Insured/applicant \_\_\_\_\_ Social Security # \_\_\_\_\_

FEIN \_\_\_\_\_ Web Address \_\_\_\_\_

## UNDERWRITING INFORMATION

### Operational Information Questions

1. What is the owners experience?
  - a. Years at this location: \_\_\_\_\_
  - b. Years at other locations: \_\_\_\_\_
2. What are the hours of operation?
  - a. Weekdays: \_\_\_\_\_
  - b. Weekends: \_\_\_\_\_
  - c. Is bar open after restaurant is closed  
 Yes  No
3. What is the number of employees?
  - a. Full-time: \_\_\_\_\_
  - b. Part-time: \_\_\_\_\_
4. Type of business/operations (check all that apply)
  - a.  Fast food
  - b.  Family restaurant
  - c.  Buffet style restaurant
  - d.  Seasonal Restaurant (closed more than two months of a year)
  - e.  Franchise
  - f.  Owner Managed
  - g.  Tavern without entertainment
  - h.  Tavern with entertainment
  - i.  Tableside cooking
  - j.  Candlelight dining
  - k.  Delivery service
  - l.  Off premises catering service
  - m.  Valet parking service
  - n.  Located on a pier, wharf or dock

5. What were your annual receipts the last three years?

	Food	Liquor	Catering
Past Year	\$	\$	\$
Two Years Ago	\$	\$	\$
Three Years Ago	\$	\$	\$

6. Is a liquor liability policy in place?
   
 Yes  No
  - a. If yes, what is the name of the carrier?
   
\_\_\_\_\_

### Entertainment Questions

7. Is there entertainment (IE: bands, DJ, pool/darts, arcade) on premises?
   
 Yes  No
  - a. If yes, please explain
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
8. Is there a dance floor on premises?
   
 Yes  No
9. Are happy hour specials utilized?
   
 Yes  No
10. Is there any gaming/slot machines on premises?
   
 Yes  No
  - a. If yes, what percentage of gross receipts is from gaming? \_\_\_\_\_
  - b. If yes, do you use an outside service to collect gaming receipts from machines?  Yes  No
11. Is a bouncer employed?  Yes  No



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12. Is there any playground equipment on premises?  
 Yes  No
13. Are there any mechanical rides on premises?  
 Yes  No
14. Is sponsorship provided for athletic teams and/or sporting functions?  
 Yes  No  
 a. If yes, please explain  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Premises Questions**

15. Was the property built to be a restaurant?  
 Yes  No
16. What is the heat source of the property (wood burning supplement required for wood burning unit)? \_\_\_\_\_
17. Is an inspection plan in place to ensure places where standing water might cause a slip and fall is monitored and then corrected? (IE Bathrooms)  
 Yes  No
18. Is a service agreement in place for maintenance of refrigeration equipment?  
 Yes  No
19. Is a service agreement in place for maintenance of cooking equipment?  
 Yes  No
20. List the number and type of fire extinguishers on premises:

Type	Number on Premises	Last Service Date
Soda acid		
CO2		
Dry chemical		

21. Is smoking allowed on the premises?  Yes  No  
 a. If yes, are metal containers used for discarding butts?  
 Yes  No
22. Are there working smoke, fire and/or burglar alarms?  
 Yes  No
23. Are there any firearms on premises?  
 Yes  No

24. Is outdoor seating available?  
 Yes  No  
 a. If yes, please describe  
 \_\_\_\_\_  
 \_\_\_\_\_
25. How many exits are there for the restaurant? \_\_\_\_\_  
 a. Are there lighted emergency exit signs?  Yes  No  
 b. Are there clear paths to the exits?  Yes  No  
 c. Is there emergency lighting?  Yes  No
26. What surface is the parking? \_\_\_\_\_
27. Is the parking lot maintained?  
 Yes  No
28. Is the parking lot lighted?  
 Yes  No
29. How is snow and ice removed from the lot and sidewalks?  
 Self  Contracted
30. Are all stairs properly lighted?  
 Yes  No
31. Does the premise have any interior steps?  
 Yes  No  
 a. If yes, are they well lighted and marked?  
 Yes  No

**Suppression System Questions**

32. Are hood/ducts, grills and all fryers protected by a wet automatic extinguishing system?  
 Yes  No  
 a. Date of installation: \_\_\_\_\_
33. Is there an automatic fuel shutoff on the wet extinguishing system?  
 Yes  No
34. Is the wet extinguishing system UL300 compliant?  
 Yes  No
35. How often does a professional firm clean the ductwork?  
 \_\_\_\_\_  
 b. Date of last service: \_\_\_\_\_

**Other Questions**

36. Please attach loss runs and photos of the property both interior and exterior.

**N.J. Law P.I. 1995, c. 132:** Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

**For PA Submissions:**

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

**I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on me and/or my business.**

_____		_____	
Owner or Officer's Name		Agent's Name	
_____		_____	
Title		Agent's Signature	Date
_____		_____	
Owner or Officer's Signature	Date	Expiring policy number, if applicable	



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