



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.L. 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.

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Owner or Officer's Name		Agent's Name	
<hr/>		<hr/>	
Title		Agent's Signature	Date
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Owner or Officer's Signature	Date	Expiring policy number, if applicable	



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