

Restaurant Questionnaire

Named Insured: _____

Agency Name: _____

General Information

1) In business three or more years at current location? Yes No

If less than 3 years, provide prior experience of owners:

2) Past Board of Health Citations? Yes No

If yes, explain: _____

3) Will you provide financial statements if requested? Yes No

4) Operations closed for more than 30 consecutive days? Yes No

5) Is this a franchised fast food restaurant? Yes No

Property and Crime Information

1) Safe on premises? Yes No

2) Maximum amount of cash kept on premises?

\$0 - \$999 \$1,000 - \$2,499 \$2,500 - \$4,999 \$5,000+

3) Fire protection

a) Does the automatic extinguishing system meet NFPA 96 code and is UL300 compliant? Yes No

b) Was the automatic extinguishing system serviced within the last six months? Yes No

c) Was the hood cleaned during the last three months by an outside vendor? Yes No

d) Are the filters cleaned weekly? Yes No

e) Does the kitchen have a "K" class fire extinguisher? Yes No

4) Inside solid fuel cooking? Yes No

If yes, describe _____

5) Building originally built as a restaurant? Yes No

If no, explain _____

General Liability Information

1) Total annual receipts: \$ _____ (This should include all receipts, not just food)
Liquor: \$ _____

If liquor is requested for quote, the [liquor liability supplemental application, 8-2226](#), must be submitted also.

2) Any catering receipts? Less than 10% Greater than 10%

3) Any off-premises delivery receipts? Less than 10% Greater than 10%

4) Exits conform to NFPA 101? Yes No

5) Emergency lighting provided? Yes No

6) Any part of the flooring tiled? Yes No

Describe: _____

7) Multiple levels where customers must use stairs? Yes No

Describe: _____

8) Stories occupied by insured? One Two or more Rooftop exposure

9) Are the chairs checked on a regular basis for signs of damage or weakness? Yes No

10) Professional exterminator on service? Yes No

11) Any playground, recreational equipment, or amusement devices? Yes No

12) Nightclubs, bars or lounges on premises? Yes No

If yes, what is seating? _____

13) Any dancing or entertainment? Yes No

If yes, describe: _____

14) Happy hour events? Yes No

15) Latest closing time after 1:00 a.m.? Yes No

16) Gasoline sales? Yes No

17) Sales from other operations? Yes No

If yes, please describe: _____