Fireman's Fund®

Restaurant Questionnaire

Named insured | Agent

Email address of insurance buyer | Eff. date

URL

Insurance contact for Loss Control | Phone

Yes No

☐ ☐ Has the producer visited the restaurant premises?

NOTE: ACORD Restaurant/Tavern Supplement 185 is not required with this questionnaire

A complete submission must have the following documents:

- ACORD general applications — every 3 years
- Restaurant Questionnaire — every 3 years
- Copy of current Automatic Extinguishing System Service Contract — annually
- Copy of current Hood and Duct Cleaning Service Contract — annually
- Complete Drivers List — annually, pre-quote
- Loss runs — 4 years, currently valued
- Employment Practices Liability Supplemental Application (if coverage requested)
- Directors and Officers Supplemental Application (if coverage requested)
- International Application (if coverage requested)

1. Please indicate which additional coverages you would like to have quoted:

☐ Property-Gard® Restaurant Plus Extension Endorsement

Deductible: ☐ $250 ☐ $500 ☐ $1,000 ☐ Policy Deductible

☐ Hospitality Industry — Additional Limits Endorsement

Indicate new limits for each applicable extension:

☐ Restaurant Industry — Tips Included as Business Income Amendatory Endorsement

☐ Hospitality Industry Additional Coverage Extensions Endorsement

☐ Upscale Restaurant Valet Parking Endorsement

☐ Medical Pay

☐ Directors and Officers Liability

☐ Employment Practices Liability

☐ Crisis Management Insurance

☐ Hospitality Errors and Omissions

Covers general restaurant operations and existing operations for:

☐ Catering

☐ Event planning

☐ Other service operations.

Please complete a separate application for items 2 through 6 for each of your locations

2. Type of Restaurant:

☐ Full service (check all that apply)

☐ Upscale

☐ Theme/Atmosphere/Specialty

☐ Chain/franchise

☐ Family style

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2. Type of Restaurant (cont.):

☐ Limited service/quick service

☐ Other (describe):

Current Restaurant Guide Rating:

☐ Zagat

☐ Fodor's

☐ Other:

Menu Pricing (excluding wine/alcohol): ***NOTE:*** *If a copy of a sample menu is attached, skip this question.*

Maximum entrée price	Maximum complete meal price
$	$
Minimum entrée price	Minimum complete meal price
$	$
Average entrée price	Average complete meal price
$	$

Normal Operating Hours:

☐ Restaurant from _____ am/pm to _____ am/pm

☐ Bar/Lounge from _____ am/pm to _____ am/pm

Seating capacity:

Number of employees:	Full Time	Average Length of Employment	Part Time
Wait staff:			
Bartenders:			
Other:			

Receipts (last 3 years)	Food	Liquor	Other
Year	$	$	$
Year	$	$	$
Year	$	$	$

3. Management (e.g., the individual responsible for day-to-day operations of the restaurant)

(check all that apply)

☐ Active owner/manager

☐ Chef/manager

☐ Employed manager

Experience of management at the owner/management level in the restaurant industry:

☐ More that 5 years

☐ 3 to 5 years

☐ Less than 3 years

☐ Less than 2 years

How long has the restaurant been at the same location under the same management?

☐ 3 years or more

☐ Less than three years

4. Liquor Liability

Yes No

☐ ☐ Does applicant have liquor license? If yes, type and number:

☐ ☐ Has liquor liability coverage ever been cancelled or non-renewed? If yes, explain:

☐ ☐ Have there been any liquor board violations? If yes, list all violations:

☐ ☐ Any special alcohol consumption promotions such as ladies night, 2 for 1, happy hour etc.: If yes, describe:

☐ ☐ Are shots/free pours given?

☐ ☐ Are employees given liquor training? if yes, explain type and when trained:

☐ ☐ Is there a written policy on serving alcohol?

5. General operations:

Yes No

☐ ☐ Is entertainment provided? If yes, answer the following questions:

How many nights per week? _____

☐ ☐ Type: Live band (any type). Describe:

☐ ☐ DJ

☐ ☐ Single instrumental (e.g.. violin, piano, other background music)?

☐ ☐ Does a dance floor exist?

Age of clientele: ☐ Under 21 ☐ 21-40 ☐ Over 40

☐ ☐ Are bouncers employed or hired?

☐ ☐ Are there amusement devices (pool tables, video games, etc.)? If yes, describe:

☐ ☐ Does the restaurant own/lease/control a parking lot? If yes, and the restaurant owner is not responsible for maintenance of the parking lot — who is, and who is contractually responsible for liability claims arising from customer/public use of the parking lot?

☐ ☐ Does the restaurant provide valet parking? If yes, and valet services are provided by an outside vendor, what hold harmless agreements certificates of insurance and/or additional insured provisions are in place and what limit of insurance is the vendor required to carry?

☐ ☐ Non-owned Auto? If yes, number of employees: _____

☐ ☐ Are there any deliveries? (check all that apply)

☐ No delivery other than catering?

☐ Delivery other than catering, but is contracted out to 3rd party vendor - All contracts include hold harmless wording?

☐ Delivery other than catering, but is contracted out to 3rd party vendor - All contracts **do not** include hold harmless wording?

☐ Delivery to business clients only?

☐ Delivery by employees to residences?

☐ ☐ Is there catering? If yes:

Number of off premisis events: Percent of total receipts:

Describe operation:

☐ ☐ Meeting and Special Event Planning?

Largest event (number of attendees): Number of events off premise:

5. General operations (cont.):

Yes No

☐ ☐ Bartending

☐ ☐ On premisis Number of onsite events:

☐ ☐ Off premisis Number of offsite events:

☐ ☐ Are hold harmless contracts (holding our insured harmless) certificates of insurance and/or additional insured provisions in place for all vendors (e.g., stock/food providers, tenant/landlord, maintenance service, security/alarm provider, etc.)?

☐ ☐ Is repair and maintenance (outside of normal clean-up) done by employees?

Crisis Management (answer this question only if Crisis Management insurance is desired):

☐ ☐ Have you implemented emergency and/or crisis response plans for events that could happen at your workplace (examples include workplace violence, employee/customer stalking, contamination on premises)?

6. Restaurant Operations

Yes No

☐ ☐ Are patron slips and falls, objects in food/food poisoning, and other serious complaints documented? How?

Automatic Extinguishing system:

Yes No

☐ ☐ Is it UL 300 approved?

☐ ☐ Under maintenance by an outside firm?

Frequency-number of months: Date last serviced by outside firm:

☐ ☐ Does it cover all cooking surfaces?

☐ ☐ Are hoods and ducts cleaned by an outside firm?

If yes, cleaning schedule ☐ Monthly ☐ Quarterly ☐ Semi-Annual

If yes, date last serviced:

☐ ☐ Are hood and ducts over all cooking equipment?

What is cleaning frequency of hoods and duct filters? ☐ Daily ☐ Weekly ☐ As needed ☐ No procedures in place