AmTrust North America
An AmTrust Financial Company

RESTAURANT / LIQUOR QUESTIONNAIRE

(Please complete a questionnaire on each restaurant location with different risk characteristics)

NAMED INSURED: **POLICY NUMBER:**

LOCATION NUMBER: _____ **LOCATION ADDRESS:** _____

General Risk Characteristics (please indicate which risk characteristics apply)

Business Type: ☐ Franchise ☐ Non-Franchise ☐ Lessors Risk **Description:** ☐ Fast Food ☐ Family Style ☐ Fine Dining

Describe Type of Restaurant (other): _____

Describe Any Amenities: _____

Website Address: _____

Risk Characteristics:

1. Years in business at present location? _____ **2.** Years under current ownership? _____

3. Hours of Operation: _____ **4.** Number of Floors: _____

5. Was location designed for occupancy? _____ **6.** % of Catering: _____

7. Is restaurant operations incidental to other business operations? ☐ Yes ☐ No

If so, please describe main operation: _____

8. What was the score of the last Health Dept. Evaluation? Date of last Health Dept. evaluation?

Property:

1. Property Construction: _____ **2.** Is building sprinklered? _____

3. Age of building: _____ If age more than 25 years please indicate update year: Roof _____ Electrical _____ HVAC _____

Plumbing _____ Please indicate if update included a gut rehab ☐ Yes ☐ No *(A gut rehab is defined as down to the stud)*

4. Is risk located more than 5 miles from the nearest fire dept? ☐ Yes ☐ No

5. Is risk located in coastal area? ☐ Yes ☐ No

6. Does the fire suppression system meet UL 300 standards? ☐ Yes ☐ No **A copy of the fire suppression system inspection service contract must be submitted with questionnaire.**

7. Hood & duct service contract - **A copy of the hood & duct cleaning contract must be submitted with questionnaire.**

Is a copy of the Hood & Duct contract attached? ☐ Yes ☐ No

8. What interval is hood & duct cleaned? _____

9. Is Class "K" extinguisher located in kitchen? ☐ Yes ☐ No

10. Are fire extinguisher tags currently dated: ☐ Yes ☐ No

11. If smoking is allowed what is the procedure for disposing of cigarette waste? _____

12. Are all cooking areas located under hood & duct? ☐ Yes ☐ No

13. Is there any tableside cooking? ☐ Yes ☐ No

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Specialty Coverages:

1. Is there a refrigeration maintenance agreement? ☐ Yes ☐ No
2. Spoilage Limit Requested:
3. Has the insured ever been shut down due to a food contamination incident? ☐ Yes ☐ No
4. If food is catered to outside events how is food prevented from spoiling?

General Liability:

1. Is the risk ADA compliant? ☐ Yes ☐ No
2. What is the procedure for cleaning floors? _____
3. Is there a quality control program in place for raw seafood? _____
4. Does the insured produce any products under their own name? ☐ Yes ☐ No

   Please describe product(s):
5. Is there a dance floor on premises? ☐ Yes ☐ No **6.** Square Feet of Dance Floor _____
7. If the insured caters to outside events is the cooking done outside or at other premises? ☐ Yes ☐ No
8. Is there balcony or city street seating? ☐ Yes ☐ No **9.** Are there any apartments in the building? ☐ Yes ☐ No
10. Is any space leased out to others? ☐ Yes ☐ No
11. Please indicate sales for the last 3 years below:

    Year _____ Food Sales: _____ Liquor Sales: _____ Other: _____

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Liquor Liability: ☐ PLEASE CHECK IF NOT APPLICABLE

1. What is the average age of clientele? _____ Describe any special amenities: _____
2. Have there been any liquor liability losses in the past 3 years? ☐ Yes ☐ No If so, please explain: _____
3. Are all alcohol servers trained in TIPS or similar prevention training? ☐ Yes ☐ No
4. Type of alcohol license: _____ Has the liquor license ever been suspended or revoked? ☐ Yes ☐ No
5. Does the applicant provide alcohol servers to the outside events? ☐ Yes ☐ No
6. Does the insured use subcontractors to serve alcohol at special events? ☐ Yes ☐ No
7. If so, are Certificates of Insurance obtained with limits at least equal to our General Liability limits? ☐ Yes ☐ No
8. Any Happy Hours provided? ☐ Yes ☐ No
9. Are there bouncers or doormen? ☐ Yes ☐ No
10. Are bouncers or doormen employed by outside firm? ☐ Yes ☐ No

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Live Entertainment: ☐ **PLEASE CHECK IF NOT APPLICABLE**

1. Is live entertainment on premises? ☐ Yes ☐ No Describe any special amenities: _____
2. Number of days a month there is live entertainment: ☐ Occasionally ☐ Every Weekend ☐ Other _____
3. Does the applicant/insured provide any "all ages" live entertainment nights? ☐ Yes ☐ No
4. Does the applicant/insured allow pyrotechnics at the location? ☐ Yes ☐ No

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Auto: ☐ **PLEASE CHECK IF NOT APPLICABLE**

1. Number of owned autos: _____
2. Does the insured have any refrigerated vehicles? ☐ Yes ☐ No
3. Does the applicant/insured perform delivery? ☐ Yes ☐ No
4. Is delivery performed in employees' vehicles? ☐ Yes ☐ No
5. If delivery is performed in employees' vehicles, are Certificates of Insurance maintained on their vehicles? ☐ Yes ☐ No
6. Are valet parking services offered? ☐ Yes ☐ No
7. Is valet parking subcontracted? ☐ Yes ☐ No

Workers Compensation: ☐ **PLEASE CHECK IF NOT APPLICABLE**

1. What is the average length of employment? _____
2. Is Health Insurance offered? _____
3. Is there an early return to work policy? ☐ Yes ☐ No
4. Is personal protective equipment provided for cutting? ☐ Yes ☐ No

Comments:

This is a true representation of the applicant/insured's operations.

Applicant / Insured: _____ **Date:** _____