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Restaurant, Tavern & Nightclub/Adult Club Questionnaire

This questionnaire must be attached to Acord Forms. Please note that all incomplete applications will be returned to the agent.

This questionnaire requires the following attachments to be submitted for a quote:

1. Acord applications for each line of coverage
2. Three years currently valued loss runs
3. Details of individual losses over $10,000

Applicant Information

Applicant: _____ DBA: _____
(Legal Entity Name)

Address: _____

Loss Control Contact: _____ Phone: _____

Website Address: _____ Fax: _____
(attach menu if not on website)

Type of Entity: ☐Corporation ☐Individual ☐Partnership ☐Joint Venture ☐ LLC

FEIN/Social Security Number: _____

Is the applicant a member of the National Restaurant Association or similar professional organization? ☐Yes ☐No If yes, which organization? _____

Operations Information

Description of Operations:

☐Restaurant ☐Pub/Tavern ☐Sports Bar ☐Piano/Martini Bar ☐Jazz/Blues Club

☐Comedy Club ☐Dance/Night Club ☐Adult club ☐Other _____

Hours of Operation: _____ Maximum Capacity: Bar:_____ Dining: _____

Date business started under current ownership: _____

Number of years experience managing this type of operation: _____

Number of employees: Mgt_____ Bar_____ Host_____ Wait_____Kitchen_____ Security_____

Does the applicant own/operate any other businesses? If so, describe._____

Does the applicant have or sponsor any Teen or "Under 21 nights", or permit customers under the age of 21 in the bar area? _____

If Adult club is full nudity allowed? ☐Yes ☐No If Yes are dancers interacting with patrons or there is a 10 foot rule? Please describe _____

Does the applicant's operation have a dress code? _____

Do you have table service? _____ What is the average price of a meal? _____

What is the average age of your clientele? ☐18-25 ☐25-30 ☐30-40 ☐ 40 & Over

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Are you located near a college campus? ☐Yes ☐No

Type of area? ☐Industrial/Commercial ☐Residential ☐Rural ☐Other_____

Does the applicant provide any catering services? ☐Yes ☐No

Total Annual Receipts:

	Current Year	1st Prior Year	2nd Prior Year
Food	$ _____	$ _____	$ _____
Alcohol	$ _____	$ _____	$ _____
Cover Charges	$ _____	$ _____	$ _____
Delivery Service	$ _____	$ _____	$ _____
Other	$ _____	$ _____	$ _____

Property and Premise Safety Information

	Yes	No
1. Do you have a building maintenance program?	☐	☐
2. Is the building sprinklered?	☐	☐
3. Are all exits properly marked and lighted?	☐	☐
4. Is a secondary means of egress (exits) provided for each floor having public access?	☐	☐
5. Does the applicant have and practice an evacuation plan?	☐	☐
5. Are there any auxiliary electrical supply systems?	☐	☐
6. Are all smoke detectors properly maintained?	☐	☐
7. Is there a fire extinguishing system in the kitchen?	☐	☐
8. Are there any apartments or other type of occupancies in the building?	☐	☐
9. Does the kitchen have a deep fat fryer? If so, is it protected by an automatic fire extinguishing system?	☐	☐
10. Is the fire automatic extinguishing system wet system?	☐	☐
11. Does applicant have a contract in place for hood & duct cleaning?	☐	☐
12. Does the applicant have any pyrotechnics exposure?	☐	☐
13. Does the applicant have any mechanical rides, climbing walls, foam machines or inflatables?	☐	☐
14. Does the applicant conduct any physical contests or events inside or outside the facility? If yes, describe_____	☐	☐
15. Is the risk located on a beach, vessel, dock or pier?	☐	☐
16. Has the applicant ever been cited for building code, health or liquor violations? If yes, describe citation:	☐	☐

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Entertainment Information (If applicant has more than 1 location, specify location number applicable to each form of entertainment)

1. Is there any type of entertainment listed below:

☐DJ Frequency _____ Location _____

☐Stage/Floor Show Frequency _____ Location _____

☐Live Band Frequency _____ Location _____

☐Comedy Acts Frequency _____ Location _____

☐Karaoke Frequency _____ Location _____

☐Piano/Guitar Player Frequency _____ Location _____

☐Solo Vocalist Frequency _____ Location _____

☐Billiards Location _____

☐Adult/Exotic Dancing Location _____

☐Slot/video poker machine Location _____

2. Does the applicant have a dance floor? ☐Yes ☐No If yes, how many? _____

If yes, what is the size of the dance floor? _____

How often is the floor inspected for slip and fall hazards? _____

Is the floor raised? ☐Yes ☐No

If so, does it have a railing around the entire floor? _____

3. What type of music is the predominant music played?

☐Classic Rock ☐Rap/Hip Hop ☐Country ☐Pop

☐ Background/Ambiance Music

Liquor Liability Information

1. Name of Liquor License Holder & License Number: _____

2. Does the applicant ever sell or serve alcohol away from the premises? _____

3. Are all alcohol servers certified in a Formal Alcohol Training Course? _____

Advise name of course (SERVSAFE, TIPS, CARE, etc): _____

4. What time does the sale or service of alcohol cease? _____

5. Does the club use measuring or pouring devices for drinks? _____

6. Are employees allowed to consume alcohol during their hours of employment or service? _____

7. Does the applicant have knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? If yes, describe:

_____

8. Has the applicant had any reported liquor liability and/or assault and battery claims or notification of potential liquor liability and/or assault and battery claims within the past five years? If yes, describe:

_____

9. Does or will the applicant ever offer:

a. Any drink specials/happy hours? ☐Yes ☐No

b. Drink specials/happy hours lasting longer than 3 hours? ☐Yes ☐No

c. Drink specials/happy hours after 9:00pm? ☐Yes ☐No

d. Single drink servings larger than 24 ounces? ☐Yes ☐No

e. Complimentary drinks? ☐Yes ☐No

f. "All you can drink" specials? ☐Yes ☐No

g. "BYOB" bottle service or set-ups? ☐Yes ☐No

h. “Flaming shots” ☐Yes ☐No

10. Are IDs checked at the door or at the time of service?_____

Are electronic devices used to verify integrity of ID presented? ☐Yes ☐No

11. What is the lowest price of beer offered?_____

12. What is the lowest price of wine or liquor offered?_____

13. Does the applicant offer a ride service to intoxicated persons? ☐Yes ☐No

14. Does the applicant have a policy of not selling alcohol to intoxicated persons? ☐Yes ☐No

Security Information

1. Are security personnel: ☐Employees ☐Contracted ☐Both

a. If applicant uses employees:

Are background checks completed on all security employees? ☐Yes ☐No

Do all security bouncers sign waivers? ☐Yes ☐No

Does the applicant train all security employees on proper security and removal of patrons? ☐Yes ☐No

b. If applicant uses contractors:

Does the applicant have a written agreement with the contractors? ☐Yes ☐No

2. Does the applicant engage police officers for work in or about the premises? ☐Yes ☐No

If yes, how are they engaged and invoiced?

☐With Municipality ☐Secondary Employment Company ☐Individually

3. Are firearms permitted or kept on premises? ☐Yes ☐No

4. Are security personnel responsible for ID checks? ☐Yes ☐No

5. Are incident logs documenting when a person was refused service or other alcohol related events maintained? ☐Yes ☐No
6. Do you have video surveillance? ☐Yes ☐No
   Describe _____
7. How many days do you keep the video tapes_____
8. What procedures are in place for entry control (capacity limits)?_____
_____
9. Do you have a Standard Operating Procedure for selecting your Security personnel? If so, please attach a copy. ☐Yes ☐No

Automobile Information

1. Do employees ever use their own autos for work? ☐Yes ☐No
2. What limit of liability is required for employees using their auto's for work? _____
3. Are there standards for employees using owned /non owned autos (age, MVR)?☐Yes ☐No

List _____

4. Does the applicant provide group transportation or livery service? ☐Yes ☐No
5. Does applicant provide delivery service? ☐Yes ☐No
6. Does the applicant offer valet parking? ☐Yes ☐No
   If yes, are valet's Employees? ☐ Contracted? ☐

Employee/Hiring Information

1. Do hiring procedures include background checks, job history and references? ☐Yes ☐No
2. Can cashiers tamper with customer's checks or register receipts? ☐Yes ☐No
3. Does the applicant have a written Sexual Harassment Policy? ☐Yes ☐No
4. What controls/procedures are in place to limit/control employee theft? _____
_____

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FRAUD STATEMENT:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

WARRANT: THE UNDERSIGNED REPRESENTS AND WARNTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTHON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ADAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HEREWITH, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELLY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____
(Only applicable if using a producer)

Producer's License Number: _____ Exp. Date: _____

SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT INSURANCE OFFERED.