



### Restaurant Questionnaire

Date: \_\_\_\_\_ Producer: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Type of Restaurant: \_\_\_\_\_

- 1. Name Insured: \_\_\_\_\_ DBA: \_\_\_\_\_
- 2. Location: \_\_\_\_\_
- 3. Owner's Restaurant Experience: \_\_\_\_\_ Years (Total) \_\_\_\_\_ Years (This Location)
- 4. The owner is:  Manager  Cook  Investor  Other \_\_\_\_\_
- 5. Did any prior carrier cancel or non-renew?  Yes  No  
If Cancel / Non-Renew, explain: \_\_\_\_\_

	Prior Insurance Carrier	Policy Number	Policy Period
Current Year	_____	_____	_____
1 <sup>st</sup> Prior Year	_____	_____	_____
2 <sup>nd</sup> Prior Year	_____	_____	_____

Claim History for past three years : (explain details of claims & amount paid)

- 6. Restaurant is:  Fast Food  Table Service  Other \_\_\_\_\_
- 7. Hours Open: \_\_\_\_\_ to \_\_\_\_\_
- 8. Building Construction:  Frame / Stucco  Masonry  Other \_\_\_\_\_
- 9. Roof Construction:  Tile / Composition  Wood / Shake  Other \_\_\_\_\_
- 10. Building Age : \_\_\_\_\_ years or year built : \_\_\_\_\_  
If over 25 years, when was building wiring and plumbing brought up to code? \_\_\_\_\_
- 11. Building Sprinkled :  Yes  No If yes:  Fully  Partially (Explain) \_\_\_\_\_
- 12. Burglar Alarm:  Yes  No  Local  Central
- 13. Parking Lot:  Owned / Occupied by Insured  Shared with Shopping Center  Valet parking  
 Other (please explain) \_\_\_\_\_
- 14. Immediate neighbors: Left: \_\_\_\_\_  
Right: \_\_\_\_\_  
Rear : \_\_\_\_\_
- 15. Are there residential (e.g. apartments) in this building?  Yes  No If Yes, Explain \_\_\_\_\_
- 16. Total restaurant area: \_\_\_\_\_ sq. ft. Customer area \_\_\_\_\_ sq. ft.
- 17. Restaurant has:  Full Bar  Beer / Wine  None
- 18. Entertainment:  None  Yes, describe \_\_\_\_\_
- 19. Any Dancing?  No  Yes, describe \_\_\_\_\_
- 20. Contents: \$ \_\_\_\_\_ Furniture Fixtures, Equipment, Inventory, TIB & Others )
- 21. Business Income: \$ \_\_\_\_\_ Coinsurance % : \_\_\_\_\_





### Restaurant Questionnaire Continued

22. Building \$ \_\_\_\_\_ ( if necessary )
23. Annual Gross Receipts : \$ \_\_\_\_\_  
\_\_\_\_\_ % of Liquor Sales ( Beer & Wine/Hard Liquor)
24. Liability limits requested: \$ \_\_\_\_\_ Per occurrence.  
\$ \_\_\_\_\_ General Aggregate.
25. Will restaurant be closed for remodeling/building construction work during the policy period:  
 No  Yes, explain \_\_\_\_\_
26. Any cooking at tables?  No  Yes, explain \_\_\_\_\_
27. Any outside catering?  No  Yes
28. Are customers allowed access to kitchen facilities?  No  Yes (If yes, please explain):  
\_\_\_\_\_
29. a) Is there an automatic suppression system (such as Ansul, Kidde or other) with an automatic fuel cut off protecting all cooking areas?  No  Yes  
b) Name of Installing/Serviceing Company : \_\_\_\_\_  
c) Does the insured maintain a contract with a professional flue cleaning service:  No  Yes  
Name of service : \_\_\_\_\_  
Last Services Date : \_\_\_\_\_  
d) Are hoods and ducts cleaned at least every three (3) months?  No  Yes  
Name of Service : \_\_\_\_\_  
Last Services Date : \_\_\_\_\_  
e) How often are filters cleaned? \_\_\_\_\_
30. Is this a free standing building?  Yes  No
31. Is restaurant located in a shopping mall?  Yes  No
32. Is there a UL 300 – Fixed Fire Protection Systems ?  Yes  No
33. How many fire extinguishers on the premises? \_\_\_\_\_  
a) Are the fire extinguishers of a minimum class K ?  Yes  No  
b) Are the fire extinguishers serviced and recharged every 12 months?  No  Yes  
Name of service : \_\_\_\_\_  
c) Date last serviced & recharged \_\_\_\_\_  
d) Number of extinguishers: In Cooking Area \_\_\_\_\_ BC Type \_\_\_\_\_  
In Customer Area \_\_\_\_\_ BC Type \_\_\_\_\_
34. Are there any “Lazy Susans” on the premises?  Yes  No If yes, how many? \_\_\_\_\_
35. Name and address of other additional insured : \_\_\_\_\_  
\_\_\_\_\_
- Interest: Landlord / Mortgagee \_\_\_\_\_

