

Health Department letter grade, if applicable:

Program Supplemental Questionnaire

Please complete one program questionnaire for *each* insured location

| Effective Date: | Today's Date: | | |
|---|--|--|--|
| Insured: | Website: | | |
| DBA: | FEIN #: | | |
| Location #: | State: | | |
| Location Street Address: | Zip Code: | | |
| City: | | | |
| Owner/Shareholders Names: | | | |
| Number of Locations: | (Please complete one supplemental app for each insured location) | | |
| Current Carrier: | Current Premium: | | |
| Current Broker: | Target Premium: | | |
| Operations: (Mark All That Apply |) | | |
| Fine Dining Franchise – Name: | | | |
| Casual Dining | Chain - Name: | | |
| Quick Serve | Gentlemen's Club | | |
| On Premises Catering (Banquet Hall) | Nightclub | | |
| Off Premises Catering % of Sales: | Tavern or Bar | | |
| Lodging - # of Rooms: | Private Club | | |
| Retail/Take Out /Liquor Store | Other - Describe: | | |
| Concept: | Annual Admissions Sales: Describe: | | |
| Annual Food Sales: | Annual Banquet/Room Sales: | | |
| Annual Liquor Sales: | Miscellaneous Sales: | | |
| Hours of Operation: | Days of Operation: | | |
| Hours Kitchen Open: | 24 Hour Operation: Yes No If Yes, What Days? | | |
| Seating Capacity: | Seating Capacity at Bar: | | |
| Tableside Cooking: Yes No | Any Bankruptcy or Foreclosure: Yes No | | |
| Table Service by Wait Staff: Yes No | Start of Business (Year): | | |
| Written Food Handling Procedures: Ye | No At Location (Year): | | |
| Standard Procedures for Yes N Spills/Wet Floors: | If Less Than 5 Years at Location, describe Owner's experience: | | |
| Any Board of Health Citations: Yes | No | | |

Years of Experience: As Owner:

As Manager:

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|---|----|---|----|----|----|
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| Does the insured own the building? | Yes | No | What is the legal capacity as established by fire fire dept? # of persons: | e marshal | or |
|--|--------|----|--|-----------|----|
| Is the building sprinklered? If yes, what %: | Yes | No | Has risk been cited for any fire or | Yes | No |
| Are there other occupants in the building? If yes, describe: | Yes | No | life safety violations? If yes, describe: | | |
| Building more than 25% vacant? | Yes | No | Number of exits: Are all exits marked with exit signs? | Yes | No |
| Has the building been re-modeled in the past 20 years? If yes, describe: | Yes | No | Are all exits equipped with panic door hardware? | Yes | No |
| Any construction/renovation contemplated in the coming year? If yes, describe: | Yes | No | If no, are all exits kept unlocked during business hours? | Yes | No |
| Distance to ocean: | | | Number of floors occupied by Insured? | | |
| Smoke detectors? Yes No | | | Number of elevators under Insured control? | | |
| Fire alarm? Yes No - Central Station? | Yes | No | How often are they inspected? | | |
| Burglar alarm? Yes No - Central Station? | | No | Number of apartments: If yes, hard wired smoke detectors? Yes | No | |
| Emergency lighting up to code? Yes No | 0 | | Off-premises parking? Yes No If yes, owned or leased? Owned Leased | | |
| Is this a seasonal operation? Yes No If yes, what is the season? From T | - O | | | | |

How often are filters cleaned? By whom? Outside Contractor: Yes ● No

Hood and duct cleaning frequency? Outside Contractor: Yes ● No

Automatic kitchen extinguishing system serviced semi-annually? Yes • No - Wet Dry

Does it cover over all cooking surfaces? Yes ● No

Are fire extinguishers BC & K kept in the kitchen area & are they serviced semi-annually? Yes • No

Hired/Non-Owned (and GKLL, if eligible):

Any food delivery operations by vehicle? Yes No

Any passenger transportation provided? Yes No

Any valet parking? Yes No - By Employees? Yes No - # of Employees:

Outside service? Yes No (Certificate of Insurance Required)

Where are keys kept?

Any valet parking off premises? Yes No - If yes, describe:

MVRs required? Yes No

| Name & Address | Age | Driver's License # |
|----------------|-----|--------------------|
| | | |
| | | |
| | | |
| | | |



Non-owned auto? Yes No

Are any owner's vehicles or employee's vehicles used for business more than twice per week? Yes No

If yes, are acceptible MVR's kept on file? Yes No

Any drivers with a DUI, DWI, reckless driving or suspended license in the past 5 years? Yes No

Alcohol

Number of bars on premises:

Lounge only area? Yes No - Hours of operation: Days of Operation:

Do you have Bottle Service? Yes No

Any special drinking promotions? (Ladies Nights, Special Drink Nights, Happy Hour, etc.) Yes No

If yes, describe:

Do you ever include drink specials before 4 pm or after 9 pm? Yes No

If yes describe:

Are all alcohol-serving employees certified in a formal alcohol training course? Yes No

If yes, provide name of course: (i.e. TIPS, TAM, RAMP, BEST, etc):

Do you have a written policy on serving alcohol to customers? Yes No

Is management notified prior to shutting off patrons? Yes No

Any alcohol manufacturer or distributor sponsored events? Yes No

If yes, do you receive proof of insurance, COI and Add'l Insured?

Are drinking consumption games, contests or drinking enticing equipment permitted? Yes No

If yes, describe:

If there is no table service, do customers transport their own alcoholic beverages? Yes No

Any Liquor Liability claims? Yes No

If yes, describe:

Any liquor law violations reported to the state liquor commission? Yes No.

ves, describe:

Entertainment

Describe entertainment (e.g. - "DJs," bands, karaoke, poker night):

Do you receive proof of insurance from outside vendors? (e.g. - COI and Add'l Insured) Yes No.

Is there a dance floor? Yes No If yes, sq ft If no, is dancing permitted?

Type of music played:

Pop/ "Top 40" Country Folk

Jazz Easy Listening/ Muzak Heavy Metal

Rap/ Hip-Hop Instrumental Other - Describe:

Describe days, times and frequency of entertainment:

Amusement devices? (pool tables, video games, children's play areas, ball pits, etc.) Explain:

Mechanized devices? (riding bull, etc.) Explain:

Number of TVs?:



Security

Do you have ID Checkers, Bouncers, Door Persons, Crowd Control, or Security? No If Yes, describe type, purpose and number per shift: Have they completed security training program? Yes No If yes, describe: Is security provided by an outside service/contractor? Yes If yes, do you receive proof of insurance, COI and Add'l Insured? Yes No Are the Bouncers, Door Persons, or Security armed? Yes No Are firearms kept or permitted on the premises? Yes No Do you ever charge a "cover charge"? Yes No

Complete if the Liquor Sales Are More Than 50% or if There Are Nightlife Exposures:

No

Average age range of clientele?

Are patrons under 21 years old permitted? Yes No

Is the establishment primarily patronized by students?

Do you have teen night or under 21 night? Yes No

If yes, will applicant utilize Tyvek wristbands to distinguish between those of legal drinking age and those under the legal drinking age? Yes No

Are restrooms co-ed? Yes No

Are pyrotechnics permitted? Yes No

Is stage diving or mosh pits permitted? Yes No

Do you hire promoters or have promotion nights? Yes No

If yes, describe event type(s) and frequency:

Do you sponsor any athlete teams or leagues? (e.g. - Softball, Football, Pool, Darts, etc.): Yes No If yes, describe:

Do participants sign a waiver? Yes No

Attach Completed ACORD Applications for All Requested Coverages. Attach 5 Years Hard Copy Loss Runs – Valued Within the Last 3 Months.

| Insured Signature: | Printed Name of Insured: |
|--------------------|--------------------------|
| | |

Broker Signature:

