



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: Yes No

At Location (Year):

Standard Procedures for Spills/Wet Floors: Yes No

If Less Than 5 Years at Location, describe Owner's experience:

Any Board of Health Citations: Yes No

Health Department letter grade, if applicable:

Years of Experience: As Owner:

As Manager:

Premises:

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

Kitchen Fire Protection – Only Required if There Is Property Coverage & Cooking:

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 #



Security

Do you have ID Checkers, Bouncers, Door Persons, Crowd Control, or Security? Yes 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 No
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

Is the establishment primarily patronized by students? Yes No

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

Average age range of clientele?

Are patrons under 21 years old permitted? Yes No

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:

