



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

Retail/take out/
liquor store

Franchise – name:

Casual dining

Gentlemen's club

Chain – name:

Quick serve

Nightclub

Other – describe:

On-premises catering (banquet hall)

Tavern or bar

Off-premises catering % of sales:

Private club

Lodging – # of rooms:

Hookah

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

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

| | | | | | |
|-----------------------------------|-----|----|---|-----|-----|
| How often are filters cleaned? | | | Automatic kitchen extinguishing system serviced semi-annually? | Yes | No |
| By whom? | | | → Wet or dry? | Wet | Dry |
| → Outside contractor: | Yes | No | Does it cover over all cooking surfaces? | Yes | No |
| Hood and duct cleaning frequency? | | | Are fire extinguishers BC & K kept in the kitchen area and are they serviced semi-annually? | Yes | No |
| → Outside contractor: | Yes | No | | | |

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

| | | | | | |
|---|-----|----|---------------------------------|-----|----|
| Any food delivery operations by vehicle? | Yes | No | Where are keys kept? | | |
| Any passenger transportation provided? | Yes | No | Any valet parking off premises? | Yes | No |
| Any valet parking? | Yes | No | → If yes, describe: | | |
| → By Employees? | Yes | No | MVRs required? | Yes | No |
| → # of Employees: | | | | | |
| → Outside service? (Certificate of Insurance Required) | Yes | No | | | |



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

| | | | | | |
|--|-----|----|---|-----|----|
| Non-owned auto? | Yes | No | Any drivers with a DUI, DWI, reckless driving or suspended license in the past 5 years? | Yes | No |
| Are any owner's vehicles or employee's vehicles used for business more than once per week? | Yes | No | | | |

Alcohol

| | | | | | |
|---|-----|----|---|-----|----|
| Number of bars on premises: | | | Do you have a written policy on serving alcohol to customers? | Yes | No |
| Lounge only area? | Yes | No | Is management notified prior to shutting off patrons? | Yes | No |
| → Hours of operation: | | | | | |
| → Days of Operation: | | | Any alcohol manufacturer or distributor sponsored events? | Yes | No |
| Do you have bottle service ? | Yes | No | → If yes, do you receive proof of insurance, COI and Add'l Insured? | | |
| Any special drinking promotions? (Ladies Nights, Special Drink Nights, Happy Hours, etc.) | Yes | No | Are drinking consumption games, contests or drinking enticing equipment permitted? | Yes | No |
| → If yes, describe: | | | → If yes, describe: | | |
| Any bottomless drink specials (includes bottomless mimosas/brunch drinks)? | Yes | No | If there is no table service, do customers transport their own alcoholic beverages? | Yes | No |
| Any open bar packages or open bar specials? | Yes | No | Any Liquor Liability claims? | Yes | No |
| Do you ever include drink specials before 4 p.m. or after 9 p.m.? | Yes | No | → If yes, describe: | | |
| → If yes describe: | | | Any liquor law violations reported to the state liquor commission? | Yes | No |
| Are all alcohol-serving employees certified in a formal alcohol training course? | Yes | No | → If yes, describe: | | |
| → If yes, provide name of course (i.e., TIPS, TAM, RAMP, BEST, etc.): | | | | | |

Entertainment

| | | | | | |
|---|----------------------|----|--------------------------------|-----|----|
| Describe entertainment (e.g., "DJs," bands, karaoke, poker night): | | | Is there a dance floor? | Yes | No |
| | | | → If yes, square footage: | | |
| | | | → If no, is dancing permitted? | | |
| Do you receive proof of insurance from outside vendors? (e.g., COI and Add'l Insured) | Yes | No | | | |
| 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

| | | | | | |
|---|-----|----|---|-----|----|
| | | | → If yes, do you receive proof of insurance, COI and Add'l Insured? | Yes | No |
| Do you have ID checkers, bouncers, door persons, crowd control or security? | Yes | No | Are the bouncers, door persons, or security armed? | Yes | No |
| → If yes, describe type, purpose and number per shift: | | | Is security equipped with wand devices and/or are metal detectors installed and utilized on all patrons <i>prior</i> to admittance? | Yes | No |
| Have they completed security training program? | Yes | No | Are firearms kept or permitted on the premises? | Yes | No |
| → If yes, describe: | | | Do you ever charge a "cover charge"? | Yes | No |
| Is security provided by an outside service/contractor? | 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? | | | Is stage diving or mosh pits permitted? | Yes | No |
| Are patrons under 21 years old permitted? | Yes | No | Do you hire promoters or have promotion nights? | Yes | No |
| Do you have teen night or under 21 night? | Yes | No | → If yes, describe event type(s) and frequency: | | |
| → If yes, will applicant utilize Tyvek wristbands to distinguish between those of legal drinking age and those under the legal drinking age? | Yes | No | Do you sponsor any athlete teams or leagues (e.g., softball, football, pool, darts, etc.)? | Yes | No |
| Are restrooms co-ed? | Yes | No | → If yes, describe: | | |
| Are pyrotechnics permitted? | Yes | No | 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:

