

# Restaurant Supplemental Questionnaire

Named Insured \_\_\_\_\_

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**A separate questionnaire must be completed for EACH location.**

Location # \_\_\_\_ of \_\_\_\_

Address: \_\_\_\_\_

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**Type of Restaurant**

- |                                                           |                                                       |                                                         |
|-----------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Upscale                          | Average entrée price:                                 | \$ _____                                                |
| <input type="checkbox"/> Casual Dining                    | Average full meal price (if prix fixe menu):          | \$ _____                                                |
| <input type="checkbox"/> Themed                           | Total food receipts at this location:                 | \$ _____                                                |
| <input type="checkbox"/> Pizza                            | Total liquor receipts at this location:               | \$ _____                                                |
| <input type="checkbox"/> Ice Cream / Beverage shop        | Hours of operation – restaurant:                      | _____ am/pm to _____ am/pm                              |
| <input type="checkbox"/> Cafeteria / Buffet               | Hours of operation – bar/lounge:                      | _____ am/pm to _____ am/pm <input type="checkbox"/> N/A |
| <input type="checkbox"/> Institutional Food Service       | Years management experience of owner/general manager: | _____                                                   |
| <input type="checkbox"/> Catering                         |                                                       |                                                         |
| <input type="checkbox"/> Quick Service (no table service) |                                                       |                                                         |
| <input type="checkbox"/> Other _____                      |                                                       |                                                         |

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**General Operations**

Yes No

- Are deliveries made?  Residential  Business to business

If yes: Yes No

- Delivery associated with catering operations only?  
  Delivery by employees?  owned vehicles  non owned vehicles  
  Delivery by third-party vendor(s)?

Do all contracts include hold harmless wording in the applicant's favor and are certificates of insurance received?  Yes  No

Total receipts from off-site catering \$ \_\_\_\_\_ or  N/A

- In-home catering? Total receipts \$ \_\_\_\_\_

If yes: Yes No

- Are the applicant and all employees bonded for theft?  
  Are criminal background checks performed on all employees performing in-home catering?

- Do any employees use their own vehicles on company business on average one or more times a week?

If yes, explain \_\_\_\_\_

- Is valet parking service provided?

If yes, by whom?  Applicant  Third party

- Are hold harmless agreements in applicant's favor and certificates of insurance naming applicant as additional insured obtained for all independent contractors or vendors?

If no, explain \_\_\_\_\_

**Kitchen Facilities:**

Yes No

Does an outside firm clean hoods and ducts?  
If yes, frequency of service:  Quarterly  Semiannually  Annually

Does a UL 300-approved automatic extinguishing system cover all cooking surfaces?  
If no, explain exceptions \_\_\_\_\_

Is the automatic extinguishing system under a service maintenance contract by an outside firm?  
If yes, frequency of service:  Quarterly  Semiannually  Annually

How often are hood filters cleaned?  Daily  Weekly  As needed, more frequently than weekly  Less frequently than weekly

**Liquor Liability (if applicable)**  N/A

Yes No

Is a food menu available during all hours of liquor service?

Has applicant had any reported liquor liability claims or notification of potential liquor liability claims in the last five years?  
If yes, explain \_\_\_\_\_

Has applicant's liquor liability coverage ever been cancelled or nonrenewed?  
If yes, explain \_\_\_\_\_

Has the applicant had any fines, citations, or license suspensions or revocations for violations of liquor sales laws or ordinances? If yes, explain \_\_\_\_\_

Are all servers certified in a formal alcohol training course (e.g., TIPS, TAM, RAMP, BEST, etc.)?

In addition to use of a certified alcohol training course, does applicant have a written policy for serving alcohol?

Does management review this written policy with servers on a regular basis?

Is there a stand-alone bar/cocktail lounge unconnected to a restaurant?  
If yes, explain \_\_\_\_\_

Does applicant have any alcohol consumption promotions/happy hours? If yes, describe the promotions and how consumption quantities are controlled \_\_\_\_\_

Does applicant provide entertainment, dancing, live bands, a DJ, or amusement devices?  
If yes, describe \_\_\_\_\_

Does applicant use any on-site security or bouncers?  
If yes, explain \_\_\_\_\_