



RESTAURANT, BAR AND TAVERN QUESTIONNAIRE

General Information

1. Nature of Operations:

- | | |
|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Neighborhood Bar | <input type="checkbox"/> Private Club |
| <input type="checkbox"/> Sports Bar | <input type="checkbox"/> Retail Stores |

2. Receipts:

Food	\$ _____	Catering	\$ _____
Liquor	\$ _____	Other (Describe)	\$ _____

3. Hours of Operation:

Monday – Thursday _____
Friday & Saturday _____
Sunday _____

4. Location:

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Rural |

5. Clientele:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Neighborhood |
| <input type="checkbox"/> Business | <input type="checkbox"/> College Students |
| <input type="checkbox"/> Tourist | |

6. Amusement Devices:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Pool Table | <input type="checkbox"/> Darts |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Other (Describe) _____ |

7. Sponsor athletic teams? Yes No

If yes, describe: _____



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8. Dance floor?..... Yes No

If yes, dimensions: _____

9. Entertainment?..... Yes No

If yes:

a. How often? _____

b. What kind?

Kind of music:

Musician

Comedian

Jazz

Other _____

D.J.

Dancers

Country

Jukebox

Band

Rock

10. Any firearms on premises? Yes No

11. Do you employ bouncers? Yes No

12. Are ashtrays emptied into covered metal containers? Yes No

Kitchen Exposure

1. Cooking equipment:

Range

Open-Hearth Broilers

Oven

Deep-Fat Fryers

Grill

2. Is there an automatic fuel cut-off valve on the natural gas supply line?..... Yes No

3. Is there a hood and duct system covering all cooking surfaces? Yes No

If yes:

a. How often is it cleaned? _____

b. Is maintenance done under contract? Yes No

4. Is there an automatic extinguishing system?..... Yes No

If yes:

a. Does it cover all cooking surfaces? Yes No

b. Date last serviced? _____

c. Is maintenance done under contract? Yes No

5. Are there currently tagged BC fire extinguishers? Yes No

6. Is housekeeping satisfactory?..... Yes No



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Liquor Exposure

1. Name of licensee: _____

2. License number: _____

3. Has applicant ever had a liquor license refused, suspended or revoked? Yes No

If yes, explain: _____

4. Has applicant ever had a liquor violation? Yes No

If yes, explain: _____

5. Prior carrier information for Liquor Liability:

a. Company Name/Policy No.: _____

b. Policy period: _____

c. Policy limits: _____

d. Premium: \$ _____

6. Ever cancelled or non-renewed? Yes No

If yes, explain: _____

7. Has applicant had any liquor liability claims in the past three years? Yes No

If yes, explain: _____

8. Promotional events:

Type: Happy Hour Ladies Night Sports Night Other: _____

How often? _____

Duration? _____

9. Have bartenders and servers completed a course in alcohol awareness? Yes No

10. How do bartenders and servers prevent sale of alcohol to intoxicated persons? _____
