

RESTAURANT QUESTIONNAIRE

Insured/Applicant Location:

Total years in business Years under your current business name:

1. How many years of restaurant/food service management experience do you have? _____
2. How many years have you owned this restaurant?
3. Have you been sued or have you sued anyone in the last three years? If yes, Yes _____ No _____ please provide details on separate sheet of paper.
4. Was the building built to be a restaurant? Yes _____ No _____
5. Is there entertainment? If yes, please describe. Yes _____ No _____
6. Do you cater off premises? If yes, what are the receipts: \$ Yes _____ No _____
7. Is there dancing in your restaurant? Yes _____ No _____
8. Is the establishment located in/on a hotel or motel or casino premises? Yes _____ No _____
9. If the restaurant is on an upper floor, how many exits are there?
10. Are your operations seasonal? Yes _____ No _____
11. Do you deliver food? If yes, please describe delivery operations. Yes _____ No _____
12. Do you have valet service? If yes, how many employees park cars? Yes _____ No _____
13. Is the establishment located on a pier, wharf or dock? Yes _____ No _____
14. What percentage of your gross receipts is alcoholic beverage sales? _____%
15. Is there a separate bar? Yes _____ No _____
If yes, is the bar on a different level than the dining area? Yes _____ No _____
16. Do you have a happy hour? Yes _____ No _____
17. Is the bar open after the restaurant is closed? Yes _____ No _____
18. Do you have security? If yes, please explain on a separate sheet of paper. Yes _____ No _____
19. Are employees trained to deal with inebriated patrons? If yes, please Yes _____ No _____ describe training.
20. Are there smoke alarms? If yes, what type? Yes _____ No _____
21. Is smoking permitted? Yes _____ No _____
If yes, how are ashes disposed? Yes _____ No _____
Are ashes ever dumped into the tablecloths? Yes _____ No _____
22. Do you have a central station burglar alarm? Yes _____ No _____
23. Are there fire alarms? If yes, what type? Yes _____ No _____
24. Are cooking and frying operations conducted under a non-combustible power ventilation hood?
Yes _____
No _____
25. Does your establishment have an UL-300 compliant automatic fire suppression system with nozzles extended over all cooking surfaces? (Excluding ovens, microwaves and steam tables)
Yes _____
No _____

If yes, what type of fire suppression system is it?

26. Does your cooking/frying equipment have an automatic gas/propane supply cutoff?

Yes _____

No _____

27. Does your establishment have deep fat fryer equipment with a high limit temperature switch?

Yes _____

No _____

28. How often are your hoods and flues checked?

29. How often is your fire suppression system serviced?

30. How often are the filters in your grease hood cleaned?

31. Have you ever had any health or liquor violations which have resulted in the closing of your business or suspension of your license?

Yes _____

No _____

32. Are there self-service food bars? If yes, how is quality control Yes _____ No _____ maintained?

33. Is there any table-side cooking? Yes _____ No _____

34. Is MSG used in your restaurant? Yes _____ No _____

If yes, is there a warning sign? Yes _____ No _____