

## 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 \_\_\_\_\_