



**SUPPLEMENTAL APPLICATION
RESTAURANT/LIQUOR LIABILITY QUESTIONNAIRE**

Applicant: _____ Producer: _____

Address: _____ City/State: _____

Number of years in the restaurant business: _____

Number of years at present location: _____ Number of years as owner: _____

Business hours: _____ Number of days open/week: _____

Annual sales: _____ Food sales: _____ Liquor sales: _____

No. of employees: _____ Any off premises catering? Yes No

Sales derived from catering: _____ Any entertainment or dancing? Yes No

Does insured offer delivery? _____ What method? _____

Does a UL 300 approved automatic extinguishing system cover all cooking surfaces? Yes No

Are hood and ducts under QUARTERLY maintenance contract? Yes No

Name and address of maintenance firm: _____

Are hood and filters cleaned weekly by kitchen staff? Yes No

Is there a BC portable extinguisher available in the kitchen? Yes No

Is there an automatic fuel shutoff connected to the extinguishing system? Yes No

Is there manual pull station for the extinguishing system away from the cooking surface? Yes No

Is the automatic extinguishing system inspected at least semi-annual by a qualified, outside firm?
 Yes No

Name and address of maintenance firm: _____

Is the restaurant located more that 1000 feet from ocean front, river front or lake front? Yes No

Has the restaurant been cited for health violations in the last five years? Yes No

Any tableside cooking? Yes No Does restaurant have valet parking? Yes No

Burglar alarm: Yes No Type: _____ Mfr: _____

If Central Station is it UL certified? Yes No

Grade: _____ Extant: _____ Guard Response: _____

Safe? Yes No UL Classification _____ Is safe permanently affixed to structure _____

What is the maximum cash on hand? Day: _____ Night: _____ How often are deposits made? _____

Describe your process for making deposits: _____

Fire alarm: Yes No Type: _____ Mfr: _____

Sprinkler system: Yes No Date of last flow test: _____

LIQUOR LIABILITY SUPPLEMENT

Applicant: _____ Agent: _____

Address: _____ City/State: _____

Limits Requested: _____

Length of time applicant has had license? _____ Name on License: _____

Type of liquor license:

- | | |
|---|---|
| <input type="checkbox"/> On sale beer/wine in public premises | <input type="checkbox"/> On sale general in public premises |
| <input type="checkbox"/> On sale beer/wine in eating place | <input type="checkbox"/> On sale general in eating place |
| <input type="checkbox"/> On sale/off sale | <input type="checkbox"/> Other: _____ |

Has the liquor license ever been suspended or revoked? Yes No

If yes, provide details: _____

Has the insured been cited for law violations? Yes No

If yes, provide details: _____

Type of establishment:

- | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Country Club | <input type="checkbox"/> Dinner House |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Pizza Parlor | <input type="checkbox"/> Other: _____ |

Entertainment provided:

- | | | |
|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Band | <input type="checkbox"/> Happy Hour Promotion |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Juke Box | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Piano Player | | |

Is the owner/manager on premises at all times? Yes No

Have all servers completed a professional training course? Yes No

If yes, name of course completed: _____

Will all new employees who have not been certified be required to complete the training course? Yes No

Is there a written procedure in place for employees on how to address underage customers or customers who appear intoxicated? Yes No

Business hours: _____ Seating capacity: dining room: _____ lounge: _____

Number of bartenders: _____ Do you have a rental hall? Yes No

Annual liquor sales for the past three years: _____

Previous liquor liability insurer: _____

Any losses, claims or incidents within the past five years (whether insured or not)? Yes No

If yes, describe (include date and loss amount): _____

Completed by: _____ **Date:** _____