

---

# RESTAURANT SUPPLEMENTAL QUESTIONNAIRE

## TELL US ABOUT YOUR BUSINESS:

Named Insured Entity:

DBA Name:

FEIN #

Classification Of Business (select ALL relevant):

- |                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Full Service | <input type="checkbox"/> Fine Dining | <input type="checkbox"/> Fast Food       |
| <input type="checkbox"/> Carry Out    | <input type="checkbox"/> Fast Casual | <input type="checkbox"/> Drive In        |
| <input type="checkbox"/> Deli         | <input type="checkbox"/> Pizzeria    | <input type="checkbox"/> Limited Service |

Mailing Address Only:

Website

Contact Person

**Phone Number**

**Email \***

**Current Insurance Information (who is the current insurance carrier?, what are the effective/expiration dates?):**

**Please Upload Current Insurance Declaration Pages (used to analyze current coverage, limits, exclusions and premium):**



Click or drag a file to this area to upload.

**Has The Business Had Continuous Coverage For Past 3 Years No Lapses?**

Yes  No

**Is This A Franchise?**

Yes  No

**Is This A Seasonal Risk?**

Yes  No

**Liquor License?**

Yes  No

**Liquor License Type & Number:**

**Is BYOB Permitted?**

Yes  No

**LOCATION #1 PROPERTY DETAILS - If there are additional locations, please submit a separate property section form for each.**

Physical Location Address:

Days & Hours Of Operation:

Amount Of Business Personal Property Coverage Limit Needed (\$):

Amount Of Betterments & Improvements Coverage Limit Needed (\$ - such as permanently installed fixtures):

Does Business Own The Building?

Yes  No

Building Construction Type (All Masonry, Wood/Masonry, All Wood):

# Of Stories:

Square Foot Of Building:

**Square Foot Occupied By Business:**

**Last Year Of Roof Update:**

**Last Year Of Electrical Wiring Update (must be circuit breakers):**

**Last Year Of Plumbing Update:**

**Last Year Of Heating Update:**

## **LIABILITY EXPOSURES**

**Total Annual Sales:**

**Total Food Sales:**

**Total Liquor Sales:**

**Total Catering Sales (if any):**

**Does Business Use Food Delivery Apps?**

- Yes    No

**Does Business Deliver Own Food In Company or Employee Owned Vehicles with Employee Drivers?**

- Yes    No

**Do You Offer Specific Entertainment: Dance Floor, Bands, DJs etc. If So Please Explain:**

## **SAFETY FEATURES:**

**Types Of Kitchen Appliance (Check All That Apply)**

- |                                     |                                   |   |
|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Deep Fryer | <input type="checkbox"/> Broilers | <input type="checkbox"/> Grills                             |
| <input type="checkbox"/> Ovens      | <input type="checkbox"/> Ranges   | <input type="checkbox"/> Wood Burning Store or<br>Fireplace |

**Any Table Side Cooking?**

- Yes    No

**Is the ansul system UL300 compliant**

- Yes    No

**Automatic fire extinguishing system provides surface protection for all cooking surfaces?**

- Yes    No

**Automatic Extinguishing System Serviced No Less Than Every 6 Months**

- Yes    No

**What Company Name Services Them?**

**Do metal hoods and ducts cover all cooking surfaces?**

- Yes  No

**What Company Name Services Them (monthly, quartlery or semi-annual)?:**

**Hoods equipped with removable filters or grease extractors vented to outside of building?**

- Yes  No

**All cooking or heating devices installed with minimum 18 inches safe clearance to combustible walls, ceilings, etc?**

- Yes  No

**Manual pull for extinguisher system readily accessible and clearly identified?**

- Yes  No

**All gas fired cooking equipment and electric deep fat fryers equipped with automatic fuel shut off?**

- Yes  No

**All deep fat fryers equipped with thermostat with automatic fuel shutoff if temperature exceeds 475 degrees?**

- Yes  No

**Is refrigeration/freezing equipment under a maintenance agreement?**

- Yes  No

**Does refrigeration/freezing equipment have an alarm if not properly working?**

- Yes  No

**Central Burglar Alarm System?**

- Yes  No

**Central Fire Alarm System?**

- Yes  No

Please Tell Us Anything Specific We May Need To Know: Landlord requirements, Claims history, Important business activity, etc.

## Workers Compensation & Paid Family Leave/Disability

Please list each job position & total combined annual payroll per that position

(ex: Servers \$250,000 combined payroll, bartenders \$200,000 combined payroll)

How many Full Time Employees?

How many Part Time Employees

How many Male employees?


How many Female employees?

How many owners & include combined payroll to be included or excluded from Workers Compensation and NY Paid Family Leave/Disability:

# Claims History

In the past 5 years, do you have any open or closed claims? If yes, please describe the claim description, claim date, claim amount:

If accessible, please upload your 5 Year Currently Valued Loss Run Report:



Click or drag a file to this area to upload.

Submit