



IFG Companies

# RESTAURANT/BAR/TAVERN SUPPLEMENTAL QUESTIONNAIRE (Complete in addition to ACORD application)

Insured: \_\_\_\_\_

Location: \_\_\_\_\_

## GENERAL INFORMATION

Number of years in business at this location: \_\_\_\_\_ Years experience operating this type of business: \_\_\_\_\_

Business hours \_\_\_\_\_ to \_\_\_\_\_ Number of days open per week: \_\_\_\_\_

Describe neighborhood (i.e., rural, commercial, residential): \_\_\_\_\_

Crime rating of the Zip Code covering the location (use [www.bestplaces.net/crime/](http://www.bestplaces.net/crime/)): \_\_\_\_\_

Live Bands?  Yes  No      Female/Male Reviews?  Yes  No  
 Dance Floor?  Yes  No      Dancers?  Yes  No  
 Bouncers?  Yes  No      Disc Jockey?  Yes  No  
 Other Entertainment?  Yes  No      If yes, explain: \_\_\_\_\_

Any entertainment or amusement devices on premises?  Yes  No If yes, please describe: \_\_\_\_\_

Clientele Age:  18 – 25       25-35       Over 35 Years       Over 50 Years  
 Clientele Origins:  Local Residents       College       Families       Transient  
 Are *three or more* other restaurants, bars or taverns within ¼ mile of your establishment(s)?  Yes  No  
 Any college, university, other post-secondary institution within ¼ mile of your establishment(s)?  Yes  No

Fiscal Dates (month & year)	_____	_____	_____
Beer, Wine & Liquor Sales	\$ _____	\$ _____	\$ _____
Food Sales	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____
Payroll Expense (excluding owners)	\$ _____	\$ _____	\$ _____
Inventory Expense	\$ _____	\$ _____	\$ _____
Other Expense	\$ _____	\$ _____	\$ _____

Bankruptcy History? \_\_\_\_\_ Number of Mortgages \_\_\_\_\_

Name & number of person to contact for financial records \_\_\_\_\_

Fire Extinguishers: How many? \_\_\_\_\_ Serviced & Tagged within the past year?  Yes  No  
 Last renovation date for: Heating system \_\_\_\_\_ Electrical system \_\_\_\_\_ Roof \_\_\_\_\_

## COOKING

Is any type of cooking done on premises (Please circle if Microwave cooking only)?  Yes  No  
 UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?  Yes  No  
 Semi-annual service contract for auto extinguishing system?  Yes  No  
 Automatic gas or electric shut off for cooking with manual pull?  Yes  No  
 Are hoods and ducts equipped with filters?  Yes  No  
 Are filters cleaned at a MINIMUM of every six months?  Yes  No  
 Are hoods and ducts cleaned at a MINIMUM of every six months?  Yes  No  
 Are portable fire extinguishers mounted and accessible to cooking areas?  Yes  No

**FIRE/LIFE SAFETY & SECURITY**

Are background checks done on all employees serving alcohol to patrons?  Yes  No If yes, do you pursue: Prior employment reference checks?  Yes  No  
Police reports?  Yes  No  
Other checks?  Yes  No If yes, please describe: \_\_\_\_\_

Are employees serving alcohol required to have past experience in this type of business?  Yes  No;  
If yes, how many years minimum? \_\_\_\_\_ If no, what percentage of your server and security personnel have less than 2 years experience in similar positions/ similar establishments? \_\_\_\_\_%

Have you had any Assault or Battery incidents within the past 3 years at this location(s) to be insured, or any other location owned or managed by, or in which you have an ownership interest? This would include any police calls to the premises.  Yes  No If yes, please advise the location address; month/year the incident occurred; and the nature of the incident and injuries:  
\_\_\_\_\_

**Alcohol Awareness - Claims Reduction activities:**

Alcohol Awareness Program (TIPS, Learn 2 Serve, etc.) provided for ALL liquor servers, bar and wait staff?  
 Yes  No

Please list several key aspects of your awareness program (ex. drink count / documentation / notify head bartender – manager etc.): \_\_\_\_\_

Are identified intoxicated patrons offered: Coffee?  Yes  No Cab Home?  Yes  No

Number of employed: Bar Tenders: \_\_\_\_\_ Wait Persons: \_\_\_\_\_ Liquor Servers: \_\_\_\_\_

Are ALL patron ID's checked?  Yes  No Describe ID verification procedures: \_\_\_\_\_

**Security/bouncers/crowd management-control: (check all that apply)**

Total number of employed security personnel: \_\_\_\_\_

- Security is armed
- One person per shift at each insured location has principal responsibility for security/bouncers/crowd management. (attach a work resume for that person)
- Only the staff members specifically hired for security duties are involved in such.
- All staff members have security/bouncers/crowd control duties.
- All or a portion of your security/bouncers/crowd control tasks are subcontracted. If so:

What parts of security operations are subcontracted? \_\_\_\_\_

What hours/days per week are subcontractors used? \_\_\_\_\_

Do you require subcontractors to provide you with evidence of insurance naming you as additional insured, with advanced notice of cancellation?  Yes  No; If yes, would you provide copy of such when requested?  Yes  No

**The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_