



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/): _____

Live Bands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Female/Male Reviews?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dance Floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dancers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bouncers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disc Jockey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Entertainment?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Semi-annual service contract for auto extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic gas or electric shut off for cooking with manual pull?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are hoods and ducts equipped with filters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are filters cleaned at a MINIMUM of every six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are hoods and ducts cleaned at a MINIMUM of every six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are portable fire extinguishers mounted and accessible to cooking areas?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____