



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? 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

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|------------------------------------|----------|----------|----------|
| 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

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS: A.C.A. § 23-66-503

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

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| <p>COLORADO: C.R.S. 10-1-128 "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."</p> |
| <p>DISTRICT OF COLUMBIA: D.C. Code § 22-3225.09 "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."</p> |
| <p>FLORIDA: Fla. Stat. § 817.234 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."</p> |
| <p>KENTUCKY: KRS § 304.47-030 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."</p> |
| <p>LOUISIANA: La. R.S. 40:1424 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."</p> |
| <p>MAINE: 24-A M.R.S. § 2186 "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."</p> |
| <p>NEW JERSEY: N.J. Stat. § 17:33A-6 "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."</p> |
| <p>NEW MEXICO: N.M. Stat. Ann. § 59A-16C-8 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."</p> |
| <p>OHIO: ORC Ann. 3999.21 "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."</p> |
| <p>OKLAHOMA: 36 Okl. St. § 3613.1 "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."</p> |
| <p>OREGON: Bulletin 2010-3 "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."</p> |
| <p>PENNSYLVANIA: 18 Pa.C.S. § 4117(K)(1) "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."</p> |
| <p>RHODE ISLAND R.I. Gen. Laws § 27-54-8 – DISCLOSURE OF ARSON CONVICTION. (SEE ALSO "OTHER STATES" NOTICE THAT APPLIES.) "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."</p> |

TENNESSEE- Tenn. Code Ann. § 56-53-111(b)(1)(A); **VIRGINIA** - Va. Code Ann. § 52-40; **WASHINGTON**- Rev. Code Wash. (ARCW) § 48.135.080.
 "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

OTHER STATES including but not limited to:
MARYLAND - Md. INSURANCE Code Ann. § 27-805; **RHODE ISLAND** - R.I. Gen. Laws § 27-29-13.3; **WEST VIRGINIA** - W. Va. Code § 33-41-3.
 WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW YORK: NY CLS Ins § 403
 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

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| Applicant Name (Name of Company) | Producer's Name |
| Signature of Authorized Representative | Producer's Signature |
| Print Name | Producer's Phone |
| Title | Producer's Fax |
| Date | Producer's Email |