

Capitol Indemnity Corporation

P.O. Box 5900
Madison, WI 53705

RESTAURANT/TAVERN QUESTIONNAIRE

(to be attached to Acord Application)

Named Insured _____ Policy Number _____

Location Address _____

Named insured's Social Security Number: (if Corporation: Name, title and Social Security number of officers and principal Stockholders) _____

1. Number of years in business: _____ Number of years at this location _____ Seating Capacity _____
2. Annual gross sales \$ _____ Split by percent _____ % food _____ % liquor _____ % catering
3. Fast food delivery? Yes No
4. Hours: Weekdays _____ Weekends _____ Seasonal (dates closed) _____
Days of week open _____ Sunday, _____ Monday, _____ Tuesday, _____ Wednesday, _____ Thursday, _____ Friday, _____ Saturday
Nightclubs - Provide breakdown of cliental by age and percentage. 21-25 _____ %, 26-30 _____ %, 30 - 40 _____ %, over 40 _____ %
5. Do you have any outstanding tax liens? (ie: property, sales, wage withholding, bankruptcy) Yes No
If yes, explain: _____
6. Cooking facilities:
Number of: Ranges Ovens Deep Fat Fryers Grills Broilers Others (give description) and No. _____
7. Are hood/ducts and all fryers, grills and ranges protected by automatic extinguishing systems? Yes No
If yes, Type of equipment _____
 Nozzles behind filter(s) _____
 Name of firm holding service contract _____
 Service Schedule _____ Date of last service _____
8. Are hoods and ducts cleaned semi-annually by a professional cleaning service? Yes No
Name of Firm _____ Service Schedule _____ Last Cleaned _____
9. List number and type of fire extinguishers: _____ Soda Acid _____ CO₂ _____ Dry chemical _____
Date last serviced _____
10. Is there a 40 BC or type K (UL300 Standard) fire extinguisher in the kitchen? Yes No Date last serviced: _____
11. Is there adequate and properly marked exits equipped with approved panic hardware to allow controlled exits? Yes No
12. Date of buildings last complete electrical inspection. _____
Note on an attachment a description of **ALL** updates to electrical, plumbing heating systems and roof in past 10 years.
(attach copy of contractor invoice if available)
13. Main event area hall or dance floor on street level? Yes No If no, explain _____
14. Any remodeling underway? Yes No If yes, explain: _____
15. Entertainment: (Check if applicable)

| | |
|--|--|
| <input type="checkbox"/> DJ/live bands Number of time per week _____ | <input type="checkbox"/> Volleyball courts # _____ # of games per year _____ |
| <input type="checkbox"/> Dance floor | <input type="checkbox"/> Softball diamonds # _____ # of games per year _____ |
| <input type="checkbox"/> Golf simulator # _____ # of games per year _____ | <input type="checkbox"/> Slot/Video poker machines # _____ |
| <input type="checkbox"/> Horseshoe pits # _____ # of games per year _____ | <input type="checkbox"/> Exotic, topless, nude or similar type of dancing |
| <input type="checkbox"/> Stage Diving, Mosh Pits, or allow activity that cause bodily harm to spectators | |
| <input type="checkbox"/> Other patron participation events Explain _____ | |
16. Have acts that use pyrotechnics of any type allowed on premises (Including but not limited to gunpowder, fireworks, open flames or any incendiary products.) Yes No
17. Contracts with entertainers note pyrotechnics or other related incendiary not allowed on premises. Yes No
18. Have there been any police calls to this establishment in the last 3 years? Yes No
If yes, how many and reason for call _____

19. Do you have guns on premises? Yes No
20. Evacuation plans in place, posted for all to see and employees trained to provide evacuation assistance? Yes No
21. Do you employ security or crowd control personnel?
Are they ever armed? Yes No
 Yes No
22. Does anyone live on the premises? Yes No If yes, who? _____
23. Do you provide transportation to sporting events? Yes No
24. Do you ever participate in street fairs, community celebrations, etc. with a food stand? Yes No
25. Any public code violations or has the Health Department ever shut down your operation?
If yes, give details Yes No

26. Have there been any, insurance company, inspection recommendations?
If so, was corrective action taken? Yes No
 Yes No

27. Other exposures (complete only if applicable)

Is /are there:

- | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Pool/beach | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Saddle animals (coverage not available via CIC) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diving boards or water slides | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Target ranges (gun or archery) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floats or rafts (including inflatable water trampolines or slides) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skiing/sledding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Watercraft | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Docks or slips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, attach list (#type, length) Each motorized watercraft must be individually scheduled (show length and horsepower)

28. Agent pre-inspection of premises.

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Broken or missing glass | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Parking lot pot holes or uneven surface | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Missing, un-painted, un-repaired siding windows/doors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Garbage, debris or trash laying on the ground | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loose brick or mortar | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Broken or missing interior floor tiles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cracked or uneven side walk or stairs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Torn or frayed rugs carpet or stair treads | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use electrical extension cords for cooking appliances or electrical devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Adequate lighting in parking lot | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Metal smoking materials container with water at bottom | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

29. Has applicant/insured/business principal had ownership interest in or managed another restaurant, bar or grill in the past 10 years?
If yes, provide name of business, address and dates for each such business. Yes No

30. Attach photos of each building 20 years of age and older. Photos are to be (4x6 color) of each visible side where possible. Image of building to fill 90% of photo area and taken from point close enough to building that not more than 2 stories are visible. Include extra photos if building over 2 stories.

31. **REQUIRED: Financial Reference Information**

If total insured value of Building, Business Personal Property, and Business Income is \$300,000 or more for any one building location, provide financial statements for past 2 years. Must be a professionally prepared Balance Sheet and Income Statement or a complete copy of last years Federal Tax Form (All pages required). **Coverage will not be bound if not provided!**

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.

Signature of Applicant

Date

Signature of Agent