



Small Business Restaurant Supplemental Questionnaire

Named Insured _____

SMALL BUSINESS ELIGIBILITY GUIDELINES

Maximum Exposure	Required Property Maintenance	Ineligible Characteristics
<ul style="list-style-type: none"> \$5 Million total property (TIV) per location \$25 Million TIV per account 	<ul style="list-style-type: none"> Automatic extinguishing system serviced at least every six months by an independent contractor 	<ul style="list-style-type: none"> Fast food operations Pizza with delivery Residential delivery by employees Bars, taverns, night clubs, lounges Entertainment is primary attraction
<ul style="list-style-type: none"> \$5 Million in sales per location and Maximum 5 locations 	<ul style="list-style-type: none"> Hood, duct and flue cleaned at least every six months by an independent contractor 	<ul style="list-style-type: none"> Three or fewer years experience as a restaurant owner or manager
<ul style="list-style-type: none"> Liquor receipts 40% or less of combined food and liquor sales 	<ul style="list-style-type: none"> For buildings between 21 and 45 years old, major building systems (electrical, roof, HVAC, plumbing) physically updated within the last 20 years 	<ul style="list-style-type: none"> Protection class 8, 9, 10 Buildings 45 years old or older unless "adequate" per Fireman's Fund loss control inspection prior to binding

A separate questionnaire must be completed for EACH location.

Type:

- Upscale
- Casual Dining
- Themed
- Pizza
- Ice Cream / Beverage Shop
- Cafeteria / Buffet
- Institutional Food Service
- Catering
- Quick Service (no table service)
- Other _____

Location # ___ of ___

Address:

Total food receipts at this location: \$ _____

Total liquor receipts at this location: \$ _____

Hours of operation – restaurant: ___ am/pm to ___ am/pm

Hours of operation – bar/lounge: ___ am/pm to ___ am/pm N/A

Years management experience of owner/general manager: _____

General Operations

Yes No

- Are deliveries made? Residential Business to business

If yes: Yes No

- Delivery associated with catering operations only?
- Delivery by employees? owned vehicles non owned vehicles
- Delivery by third-party vendor(s)?

Do all contracts include hold harmless wording in the applicant's favor and are certificates of insurance received? Yes No

Total receipts from off-site catering \$ _____ or N/A

- In-home catering? Total receipts \$ _____

If yes: Yes No

- Are the applicant and all employees bonded for theft?
- Are criminal background checks performed on all employees performing in-home catering?

- Do any employees use their own vehicles on company business on average one or more times a week?

If yes, explain _____

- Is valet parking service provided? If yes, by whom? Applicant Third party

- Are hold harmless agreements in applicant's favor and certificates of insurance naming applicant as additional insured obtained for all independent contractors or vendors? If no, explain _____

Kitchen Facilities:

Yes No

Does an outside firm clean hoods and ducts?
If yes, frequency of service: Quarterly Semiannually Annually

Does a UL 300-approved automatic extinguishing system cover all cooking surfaces?
If no, explain exceptions _____

Is the automatic extinguishing system under a service maintenance contract by an outside firm?
If yes, frequency of service: Quarterly Semiannually Annually

How often are hood filters cleaned? Daily Weekly As needed, more frequently than weekly Less frequently than weekly

Liquor Liability (if applicable) N/A

Yes No

Is a food menu available during all hours of liquor service?

Has applicant had any reported liquor liability claims or notification of potential liquor liability claims in the last five years? If yes, explain _____

Has applicant's liquor liability coverage ever been cancelled or nonrenewed?
If yes, explain _____

Has the applicant had any fines, citations, or license suspensions or revocations for violations of liquor sales laws or ordinances? If yes, explain _____

Are all servers certified in a formal alcohol training course (e.g., TIPS, TAM, RAMP, BEST, etc.)?

In addition to use of a certified alcohol training course, does applicant have a written policy for serving alcohol?

Does management review this written policy with servers on a regular basis?

Is there a stand-alone bar/cocktail lounge unconnected to a restaurant?
If yes, explain _____

Does applicant have any alcohol consumption promotions/happy hours? If yes, describe the promotions and how consumption quantities are controlled _____

Does applicant provide entertainment, dancing, live bands, a DJ, or amusement devices?
If yes, describe _____

Does applicant use any on-site security or bouncers?
If yes, explain _____

Money and Securities (Complete only for money and securities coverage)

Yes No

Does the insured maintain a cash register and records of daily receipts?

Are deposit records kept on premises?

Are daily bank deposits made?

If no, how often are bank deposits made? _____

Is money stored in a class B safe or better while on premises?