

## PROGRAM SUPPLEMENTAL QUESTIONNAIRE

Please complete one Program questionnaire for EACH insured location

Effective Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Insured: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Website: \_\_\_\_\_  
FEIN #: \_\_\_\_\_  
Location #: \_\_\_\_\_

Location Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Owner/Shareholders Name(s): \_\_\_\_\_

Number of Locations: \_\_\_\_\_ (Complete One Supplemental App for Each Location)

Current Carrier: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Current Broker: \_\_\_\_\_ Target Premium: \_\_\_\_\_

### OPERATIONS: (Mark All that Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Fine Dining                            | <input type="checkbox"/> Franchise – Name: _____ |
| <input type="checkbox"/> Casual Dining                          | <input type="checkbox"/> Chain – Name: _____     |
| <input type="checkbox"/> Quick Serve                            | <input type="checkbox"/> Gentlemen's Club        |
| <input type="checkbox"/> On Premises Catering (Banquet Hall)    | <input type="checkbox"/> Nightclub               |
| <input type="checkbox"/> Off Premises Catering % of Sales _____ | <input type="checkbox"/> Tavern or Bar           |
| <input type="checkbox"/> Lodging – # of Rooms _____             | <input type="checkbox"/> Private Club            |
| <input type="checkbox"/> Retail/Take Out/Liquor Store           | <input type="checkbox"/> Other – Describe: _____ |

Concept: \_\_\_\_\_

Annual Food Sales: \$ \_\_\_\_\_ Annual Admissions Sales: \$ \_\_\_\_\_ Miscellaneous Sales: \$ \_\_\_\_\_  
Annual Liquor Sales: \$ \_\_\_\_\_ Annual Banquet/Room Rental Sales: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ : \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_ Days of operation: \_\_\_\_\_

Hours kitchen open: \_\_\_\_\_ : \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_

24 hour operation? \_\_\_\_\_  Yes  No If yes, what days? \_\_\_\_\_

Seating capacity: \_\_\_\_\_ Seating capacity at bar: \_\_\_\_\_

Tablesides cooking?  Yes  No

Table service by wait staff?  Yes  No

Written food handling procedures?  Yes  No

Standard procedures for spills/wet floors?  Yes  No

Any Board of Health citations?  Yes  No

Health Department letter grade, if applicable: \_\_\_\_\_

Any bankruptcy or foreclosure?  Yes  No

Start of business (Year) \_\_\_\_\_ At location (Year): \_\_\_\_\_

If less than 5 years at location, describe Owner's experience: \_\_\_\_\_

Years of experience: As Owner: \_\_\_\_\_ As Manager: \_\_\_\_\_

### PREMISES:

Year of construction of building: \_\_\_\_\_

Does the insured own the building?  Yes  No

Is the building sprinklered?  Yes  No If yes, what %: \_\_\_\_\_

Are there other occupants in the building?  Yes  No If yes, describe: \_\_\_\_\_

Building more than 25% vacant?  Yes  No

Has the building been re-modeled in the past 20 years?  Yes  No If yes, describe: \_\_\_\_\_

Any construction/renovation contemplated in the coming year?  Yes  No If yes, describe: \_\_\_\_\_

Distance to ocean: \_\_\_\_\_

Smoke detectors?  Yes  No

Fire alarm?  Yes  No Central Station?  Yes  No

Burglar alarm?  Yes  No Central Station?  Yes  No

Emergency lighting Uu to code?  Yes  No

Is this a seasonal operation?  Yes  No

If yes, what is the season? From \_\_\_\_\_ To \_\_\_\_\_

**PREMISES (continued):**

What is the legal capacity as established by fire marshal or fire dept? # of persons: \_\_\_\_\_  
 Has risk been cited for any fire or life safety violations?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 Number of exits: \_\_\_\_\_ Are all exits marked with exit signs?  Yes  No  
 Are all exits equipped with panic door hardware?  Yes  No  
 If no, are all exits kept unlocked during business hours?  Yes  No  
 Number of floors occupied by Insured? \_\_\_\_\_  
 Number of elevators under Insured control? \_\_\_\_\_ How often are they inspected? \_\_\_\_\_  
 Number of apartments: \_\_\_\_\_ If yes, hard wired smoke detectors?  Yes  No  
 Off-premises parking?  Yes  No If yes, owned or leased? \_\_\_\_\_

**KITCHEN FIRE PROTECTION – ONLY REQUIRED IF THERE IS PROPERTY COVERAGE & COOKING:**

How often are filters cleaned? \_\_\_\_\_ By whom? \_\_\_\_\_ Outside Contractor:  Yes  No  
 Hood and duct cleaning frequency? \_\_\_\_\_ Outside Contractor:  Yes  No  
 Automatic kitchen extinguishing system serviced semi-annually?  Yes  No  Wet  Dry  
 Does it cover over all cooking surfaces?  Yes  No  
 Are fire extinguishers BC & K kept in the kitchen area & are they serviced semi-annually?  Yes  No

**HIRED/NON-OWNED (and GKLL, if eligible):**

Any food delivery operations by vehicle?  Yes  No  
 Any passenger transportation provided?  Yes  No  
 Any valet parking?  Yes  No By Employees?  Yes  No # of Employees: \_\_\_\_\_  
 Outside service?  Yes  No (Certificate of Insurance Required)  
 Where are keys kept? \_\_\_\_\_  
 Any valet parking off premises?  Yes  No If yes, describe: \_\_\_\_\_  
 MVRs required?  Yes  No

Name & Address	Age	Driver's License #

Non-owned auto?  Yes  No  
 Are any owner's vehicles or employee's vehicles used for business more than once per week?  Yes  No  
 Any drivers with a DUI, DWI, reckless driving or suspended license in the past 5 years?  Yes  No

**ALCOHOL:**

Number of bars on premises: \_\_\_\_\_  
 Lounge only area?  Yes  No Hours of operation: \_\_\_\_: \_\_\_\_ - \_\_\_\_: \_\_\_\_ Days of Operation: \_\_\_\_\_  
 Do you have Bottle Service?  Yes  No  
 Any special drinking promotions? (Ladies Nights, Special Drink Nights, Happy Hour, etc.)  Yes  No  
 If yes, describe: \_\_\_\_\_  
 Do you ever include drink specials before 4 pm or after 9 pm?  Yes  No  
 If yes describe: \_\_\_\_\_  
 Are all alcohol-serving employees certified in a formal alcohol training course?  Yes  No  
 If yes, provide name of course: (i.e. TIPS, TAM, RAMP, BEST, etc): \_\_\_\_\_  
 Do you have a written policy on serving alcohol to customers?  Yes  No  
 Is management notified prior to shutting off patrons?  Yes  No  
 Any alcohol manufacturer or distributor sponsored events?  Yes  No  
 If yes, do you receive proof of insurance, COI and Add'l Insured?  Yes  No  
 Are drinking consumption games, contests or drinking enticing equipment permitted?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 If there is no table service, do customers transport their own alcoholic beverages?  Yes  No  
 Any Liquor Liability claims?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 Any liquor law violations reported to the state liquor commission?  Yes  No  
 If yes, describe: \_\_\_\_\_

**ENTERTAINMENT:**

Describe entertainment (e.g. - "DJs," bands, karaoke, poker night): \_\_\_\_\_  
Do you receive proof of insurance from outside vendors? (e.g. – COI and Add'l Insured)  Yes  No  
Is there a dance floor?  Yes  No If yes, sq ft \_\_\_\_\_ If no, is dancing permitted?  Yes  No  
Type of music played:  Pop/ "Top 40"  Jazz  Rap/ Hip-Hop  Country  
 Easy Listening/ Muzak  Instrumental  Folk  Heavy Metal  
 Other – Describe: \_\_\_\_\_

Describe days, times and frequency of entertainment: \_\_\_\_\_  
Amusement devices? (pool tables, video games, children's play areas, ball pits, etc.) Explain: \_\_\_\_\_  
Mechanized devices? (riding bull, etc.) Explain: \_\_\_\_\_  
Number of TVs?: \_\_\_\_\_

**SECURITY:**

Do you have ID Checkers, Bouncers, Doorpersons, Crowd Control, or Security?  Yes  No  
If Yes, describe type, purpose and number per shift: \_\_\_\_\_  
Have they completed security training program?  Yes  No  
If yes, describe: \_\_\_\_\_  
Is security provided by an outside service/contractor?  Yes  No  
If yes, do you receive proof of insurance, COI and Add'l Insured?  Yes  No  
Are the Bouncers, Doorpersons, or Security armed?  Yes  No  
Are firearms kept or permitted on the premises?  Yes  No  
Do you ever charge a "cover charge"?  Yes  No  
Is the establishment primarily patronized by students?  Yes  No

**COMPLETE IF THE LIQUOR SALES ARE MORE THAN 50% OR IF THERE ARE NIGHTLIFE EXPOSURES:**

Average age range of clientele? \_\_\_\_\_  
Are patrons under 21 years old permitted?  Yes  No  
Do you have teen night or under 21 night?  Yes  No  
If yes, will applicant utilize Tyvek wristbands to distinguish between those of legal drinking age and those under the legal drinking age?  Yes  No  
Are restrooms co-ed?  Yes  No  
Are pyrotechnics permitted?  Yes  No  
Is stage diving or mosh pits permitted?  Yes  No  
Do you hire promoters or have promotion nights?  Yes  No  
If yes, describe event type(s) and frequency: \_\_\_\_\_  
Do you sponsor any athlete teams or leagues? (e.g. – Softball, Football, Pool, Darts, etc.): \_\_\_\_\_  
If yes, describe: \_\_\_\_\_  
Do participants sign a waiver?  Yes  No

**Attach Completed ACORD Applications for all requested coverages.  
Attach 5 years hard copy loss runs – valued within the last 3 months.**

\_\_\_\_\_  
**Insured Signature**

\_\_\_\_\_  
**Printed Name of Insured**

\_\_\_\_\_  
**Broker Signature**