



Western Heritage INSURANCE COMPANY

RESTAURANT, BAR AND TAVERN QUESTIONNAIRE

General Information

1. Nature of Operations:

- | | |
|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Neighborhood Bar | <input type="checkbox"/> Private Club |
| <input type="checkbox"/> Sports Bar | <input type="checkbox"/> Retail Stores |

2. Receipts:

Food	\$ _____	Catering	\$ _____
Liquor	\$ _____	Other (Describe)	\$ _____

3. Hours of Operation:

Monday – Thursday _____
Friday & Saturday _____
Sunday _____

4. Location:

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Rural |

5. Clientele:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Neighborhood |
| <input type="checkbox"/> Business | <input type="checkbox"/> College Students |
| <input type="checkbox"/> Tourist | |

6. Amusement Devices:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Pool Table | <input type="checkbox"/> Darts |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Other (Describe) _____ |

7. Sponsor athletic teams?..... Yes No

If yes, describe: _____

8. Dance floor? Yes No

If yes, dimensions: _____

9. Entertainment?..... Yes No

If yes:

a. How often? _____

b. What kind?

Kind of music:

- | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Musician | <input type="checkbox"/> Comedian | <input type="checkbox"/> Jazz | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> D.J. | <input type="checkbox"/> Dancers | <input type="checkbox"/> Country | |
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> Band | <input type="checkbox"/> Rock | |

10. Any firearms on premises? Yes No

11. Do you employ bouncers? Yes No

12. Are ashtrays emptied into covered metal containers? Yes No

Kitchen Exposure

1. Cooking equipment:

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Range | <input type="checkbox"/> Open-Hearth Broilers |
| <input type="checkbox"/> Oven | <input type="checkbox"/> Deep-Fat Fryers |
| <input type="checkbox"/> Grill | |

2. Is there an automatic fuel cut-off valve on the natural gas supply line? Yes No

3. Is there a hood and duct system covering all cooking surfaces? Yes No

If yes:

a. How often is it cleaned? _____

b. Is maintenance done under contract? Yes No

4. Is there an automatic extinguishing system? Yes No

If yes:

a. Does it cover all cooking surfaces? Yes No

b. Date last serviced? _____

c. Is maintenance done under contract? Yes No

5. Are there currently tagged **BC** fire extinguishers? Yes No

6. Is housekeeping satisfactory? Yes No

Liquor Exposure

1. Name of licensee: _____

2. License number: _____

3. Has applicant ever had a liquor license refused, suspended or revoked?..... Yes No

If yes, explain: _____

4. Has applicant ever had a liquor violation?..... Yes No

If yes, explain: _____

5. Prior carrier information for Liquor Liability:

a. Company Name/Policy No.: _____

b. Policy period: _____

c. Policy limits: _____

d. Premium: \$ _____

6. Ever cancelled or non-renewed? Yes No

If yes, explain: _____

7. Has applicant had any liquor liability claims in the past three years?..... Yes No

If yes, explain: _____

8. Promotional events:

Type: Happy Hour Ladies Night Sports Night Other: _____

How often? _____

Duration? _____

9. Have bartenders and servers completed a course in alcohol awareness? Yes No

10. How do bartenders and servers prevent sale of alcohol to intoxicated persons? _____
