



Insurance Group, Inc.

Restaurant Questionnaire

Business Name: _____

Entity: _____

DBA: _____

Address: _____

Square Footage: _____

Year Building was built: _____

Construction Material: _____

Years in Business: _____

Years of Exp: _____

Number of Employees: _____

Annual Payroll: _____

Annual Sales: _____

Liquor Sales: \$ _____

Food Sales: \$ _____

Catering: \$ _____

Banquet or Reception: \$ _____

Street vending or mobile food truck: \$ _____

Are all hoods, ducts, grease filters, deep fryers and surface cooking equipment protected by a UL listed automatic fire extinguishing system serviced and inspected every 6 months? _____

Are deep fat fryers used? _____

Are automatic high temperature shut offs on all deep fat fryers? _____

Are operations subcontracted or are subcontractors used for service, maintenance or repair work? _____

If yes, are the subcontractors required to provide proof of insurance with General Liability limits that are at least equal to the applicant's? _____

Is emergency lighting installed and operational? _____

Are exits properly lit and equipped with panic hardware? _____

Are the applicant's operations seasonal or open less than eight months per year? _____

Do employees make deliveries using their personal vehicles? _____

Are delivery services subcontracted to another party? _____

If yes, are certificates of insurance obtained? _____

What are the Applicant's hours of operation? _____

Is valet parking provided? _____

Does the applicant offer table side cooking? _____

Is there a playground on the premises? _____

Property

Business Personal Property Amount: _____

Restaurant Equipment Amount: _____

Do you want Business Income Coverage: _____

Spoilage Coverage: _____

Food Contamination Coverage: _____

Deductible (\$500, \$1,000, \$2,500): _____

Do you want a Workers Compensation quote (please provide EIN)? _____

Do you want a Liquor Liability quote? _____

Any specific landlord requirements?

Applicant Signature _____ Date _____