

**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 \_\_\_\_\_ CO<sub>2</sub> \_\_\_\_\_ 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)  
 DJ/live bands      Number of time per week \_\_\_\_\_       Volleyball courts # \_\_\_\_\_ # of games per year \_\_\_\_\_  
 Dance floor \_\_\_\_\_       Softball diamonds # \_\_\_\_\_ # of games per year \_\_\_\_\_  
 Golf simulator # \_\_\_\_\_ # of games per year \_\_\_\_\_       Slot/Video poker machines # \_\_\_\_\_  
 Horseshoe pits # \_\_\_\_\_ # of games per year \_\_\_\_\_       Exotic, topless, nude or similar type of dancing  
 Stage Diving, Mosh Pits, or allow activity that cause bodily harm to spectators  
 Other patron participation events      Explain \_\_\_\_\_
16. Have acts that use pyrotechnics of any type allowed on premises  Yes  No  
(Including but not limited to gunpowder, fireworks, open flames or any incendiary products.)
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
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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