



Hospitality Questionnaire

This questionnaire must be attached to Acord Forms. Please note that all incomplete applications will be returned to the agent.

This questionnaire requires the following attachments to be submitted for a quote:

1. Acord applications for each line of coverage
2. Three years currently valued loss runs
3. Details of individual losses over \$25,000

Applicant Information

Applicant: _____
(Legal Entity Name)

DBA: _____

Loss Control Contact: _____

Phone: _____

Email Address: _____

Website Address:
(attach menu if not on website)

Type of Entity: ☐ Corporation ☐ Individual ☐ Partnership ☐ Joint Venture ☐ LLC

FEIN/Social Security Number: _____

Is the applicant a member of the National Restaurant Association or similar professional organization? ☐ Yes ☐ No

If yes, which organization? _____

Operations Information

Description of Operations:

☐ Restaurant ☐ Quick Service Restaurant ☐ Pub/Tavern ☐ Sports Bar ☐ Piano/Martini Bar ☐ Jazz/Blues Club
☐ Craft Beer/Wine Bar ☐ Comedy Club ☐ Dance/Night Club ☐ Other _____

Hours of Operation: _____ Maximum Capacity _____

Date business started under current ownership: _____

Number of years experience managing this type of operation: _____

Number of employees: Mgt _____ Bar _____ Host _____ Wait _____ Kitchen _____ Security _____

Does the applicant own/operate any other businesses? If so, describe. _____

Does the applicant have or sponsor any Teen or "Under 21 nights", or permit customers under the age of 21 in the bar area? _____

Does the applicant's operation have a dress code? _____

Do you have table service? _____ What is the average price of a meal? _____

What is the average age of your clientele? ☐ 18-25 ☐ 25-30 ☐ 30-40 ☐ 40 & Over Are you located near a college campus? ☐ Yes ☐ No

Type of area? ☐ Industrial/Commercial ☐ Residential ☐ Rural ☐ Other _____

Does the applicant provide any catering services? ☐ Yes ☐ No

Total Annual Receipts:

	<u>Current Year</u>	<u>1st Prior Year</u>	<u>2nd Prior Year</u>
Food	\$ _____	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____	\$ _____
Cover Charges	\$ _____	\$ _____	\$ _____
Delivery Service	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Property and Premise Safety Information

- | | Yes | No |
|---|------------------------------|-----------------------------|
| 1. Do you have a building maintenance program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the building sprinklered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are all exits properly marked and lighted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is a secondary means of egress (exits) provided for each floor having public access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the applicant have and practice an evacuation plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are there any auxiliary electrical supply systems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are all smoke detectors properly maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is there a fire extinguishing system in the kitchen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are there any apartments or other type of occupancies in the building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does the kitchen have a deep fat fryer? If so, is it protected by an automatic fire extinguishing system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is the fire automatic extinguishing system wet system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does applicant have a contract in place for hood & duct cleaning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does the applicant have any pyrotechnics exposure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Does the applicant have any mechanical rides, climbing walls, foam machines or inflatables? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Does the applicant conduct any physical contests or events inside or outside the facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, describe _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Is the risk located on a beach, vessel, dock or pier? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Has the applicant ever been cited for building code, health or liquor violations? If yes, describe citation:
_____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Entertainment Information (If applicant has more than 1 location, specify location number applicable to each form of entertainment)

1. Is there any type of entertainment listed below:

- | | | |
|--|-----------------|----------------|
| <input type="checkbox"/> DJ | Frequency _____ | Location _____ |
| <input type="checkbox"/> Stage/Floor Show | Frequency _____ | Location _____ |
| <input type="checkbox"/> Live Band | Frequency _____ | Location _____ |
| <input type="checkbox"/> Comedy Acts | Frequency _____ | Location _____ |
| <input type="checkbox"/> Karaoke | Frequency _____ | Location _____ |
| <input type="checkbox"/> Piano/Guitar Player | Frequency _____ | Location _____ |
| <input type="checkbox"/> Solo Vocalist | Frequency _____ | Location _____ |
| <input type="checkbox"/> Billiards | Frequency _____ | Location _____ |

☐ Adult/Exotic Dancing Location _____

☐ Slot/video poker machine Location _____

2. Does the applicant have a dance floor? ☐ Yes ☐ No

If yes, what is the size of the dance floor? _____

How often is the floor inspected for slip and fall hazards? _____

Is the floor raised? ☐ Yes ☐ No

If so, does it have a railing around the entire floor? _____

3. What type of music is the predominant music played?

☐ Classic Rock ☐ Rap/Hip Hop ☐ Country ☐ Pop ☐ Other _____

Liquor Liability Information

1. Name of Liquor License Holder & License Number: _____

2. Does the applicant ever sell or serve alcohol away from the premises? _____

3. Are all alcohol servers certified in a Formal Alcohol Training Course? _____

Advise name of course (SERVSAFE, TIPS, CARE, etc): _____

4. What time does the sale or service of alcohol cease? _____

5. Does the club use measuring or pouring devices for drinks? _____

6. Are employees allowed to consume alcohol during their hours of employment or service? _____

7. Does the applicant have knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? If yes, describe:

8. Has the applicant had any reported liquor liability and/or assault and battery claims or notification of potential liquor liability and/or assault and battery claims within the past five years? If yes, describe:

9. Does or will the applicant ever offer:

a. Any drink specials/happy hours? ☐ Yes ☐ No

b. Drink specials/happy hours lasting longer than 3 hours? ☐ Yes ☐ No

c. Drink specials/happy hours after 9:00pm? ☐ Yes ☐ No

d. Single drink servings larger than 24 ounces? ☐ Yes ☐ No

e. Complimentary drinks? ☐ Yes ☐ No

f. "All you can drink" specials? ☐ Yes ☐ No

g. "BYOB" bottle service or set-ups? ☐ Yes ☐ No

h. "Flaming shots" ☐ Yes ☐ No

10. Are IDs checked at the door or at the time of service? _____

Are electronic devices used to verify integrity of ID presented? ☐ Yes ☐ No

11. What is the lowest price of beer offered? _____

12. What is the lowest price of wine or liquor offered? _____

13. Does the applicant offer a ride service to intoxicated persons? ☐ Yes ☐ No

14. Does the applicant have a policy of not selling alcohol to intoxicated persons? ☐ Yes ☐ No

Security Information

1. Are security personnel: ☐ Employees ☐ Contracted ☐ Both
- a. If applicant uses employees:
- Are background checks completed on all security employees? ☐ Yes ☐ No
- Do all security bouncers sign waivers? ☐ Yes ☐ No
- Does the applicant train all security employees on proper security and removal of patrons? ☐ Yes ☐ No
- b. If applicant uses contractors:
- Does the applicant have a written agreement with the contractors? ☐ Yes ☐ No
2. Does the applicant engage police officers for work in or about the premises? ☐ Yes ☐ No
- If yes, how are they engaged and invoiced?
- ☐ With Municipality ☐ Secondary Employment Company ☐ Individually
3. Are firearms permitted or kept on premises? ☐ Yes ☐ No
4. Are security personnel responsible for ID checks? ☐ Yes ☐ No
5. Are incident logs documenting when a person was refused service or other alcohol related events maintained? ☐ Yes ☐ No
6. Do you have video surveillance? ☐ Yes ☐ No
- Describe _____
7. How many days do you keep the video tapes _____
8. What procedures are in place for entry control (capacity limits)? _____
-
9. Do you have a Standard Operating Procedure for selecting your security personnel? If so, please attach a copy. ☐ Yes ☐ No

Automobile Information

1. Do employees ever use their own autos for work? ☐ Yes ☐ No
2. What limit of liability is required for employees using their auto's for work? _____
3. Are there standards for employees using owned /non owned autos (age, MVR)? ☐ Yes ☐ No
- List _____
4. Does the applicant provide group transportation or livery service? ☐ Yes ☐ No
5. Does applicant provide delivery service? ☐ Yes ☐ No
6. Does the applicant offer valet parking? ☐ Yes ☐ No
- If yes, are valet's Employees? ☐ Contracted? ☐

Employee/Hiring Information

1. Do hiring procedures include background checks, job history and references? ☐ Yes ☐ No
2. Can cashiers tamper with customer's checks or register receipts? ☐ Yes ☐ No
3. Does the applicant have a written Sexual Harassment Policy? ☐ Yes ☐ No
4. What controls/procedures are in place to limit/control employee theft? _____

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon and Vermont) Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, and Washington insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: A person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____
(Only applicable if using a producer)

Producer's License Number: _____ Exp. Date: _____