



Patriot National Underwriters, Inc.

P.O. Box 803143 • Dallas, TX 75380
972 239-1458 • 800 291-6846 • 972 233-3487 Fax

Restaurant/Bar/Tavern/Nightclub Supplemental Questionnaire

1. INSURED _____

2. GENERAL INFORMATION

Number of years in this type of business _____

Number of years this business has been in operation _____

Business Hours _____ to _____

Number of days business is open per week: _____

Live Bands?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Days Per Week _____

Female Reviews?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Days Per Week _____

Dance Floor?

<input type="checkbox"/>	<input type="checkbox"/>
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 Days Per Week _____

Male Reviews?

<input type="checkbox"/>	<input type="checkbox"/>
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 Days Per Week _____

Dancers?

<input type="checkbox"/>	<input type="checkbox"/>
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 Days Per Week _____

Disc Jockeys?

<input type="checkbox"/>	<input type="checkbox"/>
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 Days Per Week _____

Bouncers?

<input type="checkbox"/>	<input type="checkbox"/>
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 Days Per Week _____

Pool Tables?

<input type="checkbox"/>	<input type="checkbox"/>
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 Days Per Week _____

Other Types of Entertainment? Yes No

Clientele Age 18-25 25-35

Over 35 Years Over 50 Years

Clientele Origins Local Residents College

Families Transient

FILL IN FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:

- | | | | |
|---------------------------------------|----------|----------|----------|
| a. Fiscal Dates (month & year) | _____ | _____ | _____ |
| b. Beer, Wine & Liquor Sales | \$ _____ | \$ _____ | \$ _____ |
| c. Food Sales | \$ _____ | \$ _____ | \$ _____ |
| d. Total | \$ _____ | \$ _____ | \$ _____ |
| e. Payroll Expense (excluding owners) | \$ _____ | \$ _____ | \$ _____ |
| f. Inventory Expense | \$ _____ | \$ _____ | \$ _____ |
| g. Other Expense | \$ _____ | \$ _____ | \$ _____ |

NAME OF PERSON TO CONTACT FOR FINANCIAL RECORDS _____

PHONE NO. _____

3. PROPERTY COVERAGE INFORMATION

- Distance from nearest a. Responding Fire Station _____ miles b. Fire Hydrant _____ feet
- Fire Extinguishers a. How many? _____ b. Serviced & Tagged within the past year? Yes No
- Last renovation date for a. Heating System _____ b. Electrical System _____ c. Roof _____

4. COOKING HAZARD QUESTIONNAIRE

- | | | |
|---|--------------------------|--------------------------|
| a. Is there any type of cooking done on premises (please circle if microwave cooking ONLY)? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Semi-annual service contract for auto extinguishing system? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Automatic gas or electric shut off for cooking with manual pull? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are hoods and ducts equipped with filters? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are filters cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are hoods and ducts cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are portable fire extinguishers mounted and accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |

5. GENERAL LIABILITY INFORMATION

Area of a. Premises _____ square feet b. Parking Lot _____ square feet

Number of Employees Managers _____ Bartenders _____ Waiter/Watresses _____ Security/Bouncers _____

Floor covering of areas open to public Wood Linoleum Tile Carpet Other _____

Surface of parking lot Gravel Concrete Asphalt No Parking Other _____

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

Liquor License # _____ Liquor Liability Insurer Name _____

Policy # _____ Policy Dates _____ to _____

6. AGENT SECTION

	Yes	No
a. Is this new business to the agency?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you personally viewed this building?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you personally inspected this building?	<input type="checkbox"/>	<input type="checkbox"/>
d. How long have you known the applicant?		_____ years
e. How long have you insured the applicant?		_____ Years

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery
- b. Liquor Liability

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with intent to defraud or knowing that he 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.

Applicant: _____ Producer: _____

Signature: _____

Date: _____ Producer's Signature _____