



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

Female Reviews? 

Yes	No	Days Per Week
<input type="checkbox"/>	<input type="checkbox"/>	_____

Dance Floor? 

Yes	No	Days Per Week
<input type="checkbox"/>	<input type="checkbox"/>	_____

Male Reviews? 

Yes	No	Days Per Week
<input type="checkbox"/>	<input type="checkbox"/>	_____

Dancers? 

Yes	No	Days Per Week
<input type="checkbox"/>	<input type="checkbox"/>	_____

Disc Jockeys? 

Yes	No	Days Per Week
<input type="checkbox"/>	<input type="checkbox"/>	_____

Bouncers? 

Yes	No	Days Per Week
<input type="checkbox"/>	<input type="checkbox"/>	_____

Pool Tables? 

Yes	No	Days Per Week
<input type="checkbox"/>	<input type="checkbox"/>	_____

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"/> |

