

Named Insured							Poli	cy Number			
Insured Website					Age	ency Name					
А	A separate questionnaire will be needed for each restaurant location.										
				Sectior	n I- Gene	eral In	format	ion			
1.	Property Addre	ss									
	City					State			Zip		
2.	Type of restaur	ant (chec	ck (✔) for	"Yes," where	e appropri	ate)					
	Limited	Cooking	g (no grill	tops, deep fat	t frying or	any co	oking w	vith grease-laden	vapors)	I	
	Fine Dir	ning		Casual Dini	ng		Fast Fo	bod		Fast C	Casual
	Concess	sionaire		Catering on	ly		Sports Bar, Microbrew, Brew Pub or Winery				
	Refreshment or Food Trailer				Other ((describe below)					
3.	Is the restauran	t part of a	a franchise	e operation?						C Yes	🖸 No
	a. If yes, what i	s the fran	nchise nan	ne?							
4.	What are the ho	ours of op	peration?								
5.	Total seating ca	apacity					S	beats at the bar			
6.	Total annual re	ceipts		Last year				2 years ago			
7.	Annual liquor r	receipts		Last year				2 years ago			
8.	8. Check (✓) any of the following that apply to the operations										
0.	 Happy Hour or Ladies Night Specials* Video arcade 										
	 Dance Floor 				Playgrounds						
Live Entertainment*				DJ*							
 Water or dock exposure* 					Pool tables, darts, or games						
			er than sal	ad bars)		-	1 001 14				

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Those with an *, describe any 'checked' (\checkmark) responses below.

9. 4	Are custom	ers permitted to bring their own alcohol on premises?	CYes CNo			
8	a. What a	re the annual sales from pouring service and cork fees?				
ł	b. If yes, please validate that the five policies below are in place. Check (\checkmark) for "Yes," where apply the transmission of transmission of the transmission of the transmission of the transmission of					
	Written Alcohol Awareness Training Programs for all servers/bartenders					
	Written policies for cutting off service to intoxicated patrons					
	 Written policies that prevent hiring or continued employment of any server with a past liquor violation or felony 					
	U Writte	n policies indicating bartenders/servers may not consume alcohol during work hours				
	U Writte	on policy requiring servers to validate age of customers if they are drinking on premises				
10. I	Does the re	staurant offer food delivery?	🖸 Yes 🚺 No			
8	a. If yes, o	describe the type and frequency of food delivery.				
11. I	Does the re	staurant offer valet parking?	🗌 Yes 🔲 No			
8	a. If yes,	who performs the valet parking services? Check (\checkmark) any that apply.				
		Independent contractors				
	Are certificates of insurance with additional insured status and minimum limits of \$1 million on the general liability policy for any contracted work?					
Restaurant employees						
	🖸 Yes 🖸 No					
		Are vehicle damages noted on valet tickets?	🖸 Yes 🖸 No			
	Are written key controls in place for the valet key area, requiring all keys to be held in a locked area?					
ł	o. If yes, j	please provide the years of experience of the supervisor?				
12. V	What are th	e annual sales from off-premises catering?				
	Section II- Property					
13. I	s there an	automatic sprinkler system?	🖸 Yes 🚺 No			
a.	Was the	sprinkler installed for the present occupant?	🖸 Yes 🚺 No			
b.	. Sprinkle	r system inspection performed on an annual basis (or more frequent)?	🖸 Yes 🚺 No			
14. (Check (✔)	any of the following that apply to the premises				
	Local fire	e alarm 🔲 Local burglar alarm 🔲 Central sta	ation fire alarm			
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Central station burglar alarm	Motion detection alarm	Smoke de	etection alarm	
15. Is a class K fire extinguisher within	10 feet of all cooking surfaces?		🖸 Yes 🚺 No	
16. Are all hoods, ducts, filters, and coo wet automatic extinguishing system	king surfaces (including deep fat fryers) c with a nozzle for each appliance?	overed by a UL300	Yes No	
17. Is the fire suppression system inspective six months?	cted and serviced by a professional technic	cian at least every	Yes No	
18. How often are exhaust systems, how	ds, ducts, and filters cleaned?			
19. Is there an automatic shut off??			🖸 Yes 🚺 No	
20. Are employees trained on the manu	al operation of the automatic extinguishing	g system?	🖸 Yes 🚺 No	
21. Are grease containers emptied daily	?		Yes No	
	Section III- General Liability			
22. Is training provided to employees for	or safe food handling practices?		🖸 Yes 🚺 No	
23. Have there been any health departm	ent violations at the operation in the past f	ive years?	🖸 Yes 🚺 No	
a. If 'Yes' describe				
24. Are there written procedures in plac food/liquids on the floor?	e for employees to regularly inspect the pr	remises for	Yes No	
25. Are signs used to mark uneven or w	et floor areas?		🖸 Yes 🚺 No	
26. Do all steps have proper handrails a	nd lighting?		🖸 Yes 🚺 No	
27. Are there at least two means of egre	🖸 Yes 🚺 No			
28. Are exits illuminated and barrier fre	🖸 Yes 🚺 No			
29. Is a contract in place with a profession	onal pest management service?		🖸 Yes 🚺 No	
30. Is there a maintenance and snow an entrances?	Yes No			
31. Are certificates of insurance require million of the general liability polic	d with additional insured status and minin y for any contracted work?	num limits of \$1	🖸 Yes 🚺 No	
	Section IV- Workers Compensation	1		
32. What pre-employment screening is	performed?			
 Background checks Drug testing Pre-employment physicals 				
Other (please describe)				
33. Does employee training cover the	following topics below?			
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- a. Proper lifting procedures
- b. Chemical handling procedures
- c. Robbery and assault training procedures
- 34. Check (\checkmark) all that apply for employees.
- **OSHA** violations in the past five years
- Non-slip shoes are required for all kitchen employees
- □ Kitchen staff uses cutting gloves
- Kitchen is equipped with ergonomic mats
- More than one employee is on site to open and close the restaurant
- There is a formal safety program with an accident investigation program in place
- There is a preferred provider network or physician's panel
- There is a light duty/return to work program in place
- Cutting, slicing machines are guarded and are operated by trained employees

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 CIVIL PENALTIES. (NOT APPLICABLE IN: CO, DC, FL, MD, OK, PA, TN, VA OR WA)

IN COLORADO, 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 INPRISONMENT, 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 FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MARYLAND, ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

IN OKLAHOMA: WARNING: ANY 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.

IN PENNSYLVANIA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN TENNESSEE, VIRGINIA AND WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISIONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Insured's signature:	Date signed:	
Print Name:	Title:	

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Agent's signature:	Date signed:	
Print Name:		

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