



Texas Specialty Underwriters, Inc.

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Rockwall, Texas 75087

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RESTAURANT, BAR AND TAVERN QUESTIONNAIRE

Named Insured: _____

General Information

1. Nature of Operations:

- Restaurant
- Night Club
- Neighborhood Bar
- Private Club
- Sports Bar
- Retail Stores

2. Receipts:

Food \$ _____ Catering \$ _____
 Liquor \$ _____ Other (Describe) \$ _____

3. Hours of Operation:

Monday – Thursday _____
 Friday & Saturday _____
 Sunday _____

4. Location:

- Commercial
- Urban
- Residential
- Rural

5. Clientele:

- Family
- Neighborhood
- Business
- College Students
- Tourist

6. Amusement Devices:

- Pool Table
- Darts
- Video Games
- Other (Describe) _____

7. Sponsor athletic teams?..... Yes No

If yes, describe: _____

8. Dance floor? Yes No

If yes, dimensions: _____

9. Entertainment? Yes No

If yes:

a. How often? _____

b. What kind?

Kind of music:

- | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Musician | <input type="checkbox"/> Comedian | <input type="checkbox"/> Jazz | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> D.J. | <input type="checkbox"/> Dancers | <input type="checkbox"/> Country | |
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> Band | <input type="checkbox"/> Rock | |

10. Any firearms on premises? Yes No

11. Do you employ bouncers? Yes No

12. Are ashtrays emptied into covered metal containers? Yes No

Kitchen Exposure

1. Cooking equipment:

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Range | <input type="checkbox"/> Open-Hearth Broilers |
| <input type="checkbox"/> Oven | <input type="checkbox"/> Deep-Fat Fryers |
| <input type="checkbox"/> Grill | |

2. Is there an automatic fuel cut-off valve on the natural gas supply line? Yes No

3. Is there a hood and duct system covering all cooking surfaces? Yes No

If yes:

a. How often is it cleaned? _____

b. Is maintenance done under contract? Yes No

4. Is there an automatic extinguishing system? Yes No

If yes:

a. Does it cover all cooking surfaces? Yes No

b. Date last serviced? _____

c. Is maintenance done under contract? Yes No

5. Are there currently tagged BC fire extinguishers? Yes No

6. Is housekeeping satisfactory? Yes No

Liquor Exposure

1. Name of licensee: _____

2. License number: _____

3. Has applicant ever had a liquor license refused, suspended or revoked?..... Yes No

If yes, explain: _____

4. Has applicant ever had a liquor violation?..... Yes No

If yes, explain: _____

5. Prior carrier information for Liquor Liability:

a. Company Name/Policy No.: _____

b. Policy period: _____

c. Policy limits: _____

d. Premium: \$ _____

6. Ever cancelled or non-renewed?..... Yes No

If yes, explain: _____

7. Has applicant had any liquor liability claims in the past three years? Yes No

If yes, explain: _____

8. Promotional events:

Type: Happy Hour Ladies Night Sports Night Other: _____

How often? _____

Duration? _____

9. Have bartenders and servers completed a course in alcohol awareness?..... Yes No

10. How do bartenders and servers prevent sale of alcohol to intoxicated persons? _____

Agent Name: _____

Agent Address: _____

Agent Signature: _____

Date: _____ Applicant's Signature: _____