



**Texas Specialty Underwriters, Inc.**

510 Turtle Cove Blvd., Suite 200

Rockwall, Texas 75087

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**RESTAURANT, BAR AND TAVERN QUESTIONNAIRE**

**Named Insured:** \_\_\_\_\_

General Information

**1. Nature of Operations:**

- |   |  |
|---|--|
| <input type="checkbox"/> Restaurant       | <input type="checkbox"/> Night Club    |
| <input type="checkbox"/> Neighborhood Bar | <input type="checkbox"/> Private Club  |
| <input type="checkbox"/> Sports Bar       | <input type="checkbox"/> Retail Stores |

**2. Receipts:**

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

**3. Hours of Operation:**

Monday – Thursday \_\_\_\_\_  
Friday & Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

**4. Location:**

- |                                      |                                |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Rural |

**5. Clientele:**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Family   | <input type="checkbox"/> Neighborhood     |
| <input type="checkbox"/> Business | <input type="checkbox"/> College Students |
| <input type="checkbox"/> Tourist  |   |

**6. Amusement Devices:**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Pool Table  | <input type="checkbox"/> Darts                  |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> 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: \_\_\_\_\_