

RESTAURANT QUESTIONNAIRE

FINANCIAL PACIFIC



This questionnaire is part of the application. The answers in this questionnaire are representations on the part of the insured, furnished to Financial Pacific Insurance Company, in consideration for Financial Pacific Insurance Company providing insurance.

Insured/Applicant _____ Location _____

Total years in business _____ Years under your current business name _____

Insured/Applicant Social Security Number _____ - _____ - _____

1. How many years of restaurant/food service management experience do you have? _____
2. How many years have you owned this restaurant? _____
3. Have you been sued or have you sued anyone in the last three years? If yes, please provide details on separate sheet of paper. Yes _____ No _____
4. Have you filed an insurance claim of any kind (business, auto, homeowners) of over \$5,000 in the past five years? If yes, please provide details. _____ Yes _____ No _____
5. What was your gross revenue for each of the last three years?
\$ _____ \$ _____ \$ _____
6. Did you earn a profit each of the last three years? If not, please explain. Yes _____ No _____
7. Do you use an outside accounting or bookkeeping service? Yes _____ No _____
8. Do you have an established inspection plan to ensure that places where standing water might cause slips and falls are monitored and then corrected? Yes _____ No _____
9. Was the building built to be a restaurant? Yes _____ No _____
10. Is there entertainment? If yes, please describe. _____ Yes _____ No _____
11. Do you cater off premises? If yes, what are the receipts: \$ _____ Yes _____ No _____
12. Is there dancing in your restaurant? Yes _____ No _____
13. Is the establishment located in/on a hotel or motel or casino premises? Yes _____ No _____
14. If the restaurant is on an upper floor, how many exits are there? _____
15. Are your operations seasonal? Yes _____ No _____
16. Do you deliver food? If yes, please describe delivery operations. _____ Yes _____ No _____
17. Do you have valet service? If yes, how many employees park cars? _____ Yes _____ No _____
18. Is the establishment located on a pier, wharf or dock? Yes _____ No _____
19. What percentage of your gross receipts is alcoholic beverage sales? _____%
20. Is there a separate bar? Yes _____ No _____
If yes, is the bar on a different level than the dining area? Yes _____ No _____
21. Do you have a happy hour? Yes _____ No _____
22. Is the bar open after the restaurant is closed? Yes _____ No _____
23. Is there gaming on the premises? Yes _____ No _____
If yes, what percentage of your gross receipts is from gaming? _____%

- If yes, do you use an outside service to collect gaming receipts from your machines? Yes _____ No _____
24. Do you have security? If yes, please explain on a separate sheet of paper. Yes _____ No _____
25. Are employees trained to deal with inebriated patrons? If yes, please describe training. Yes _____ No _____
26. Are there smoke alarms? If yes, what type? _____ Yes _____ No _____
27. Is smoking permitted? Yes _____ No _____
If yes, how are ashes disposed? _____ Yes _____ No _____
Are ashes ever dumped into the tablecloths? Yes _____ No _____
28. Do you have a central station burglar alarm? Yes _____ No _____
29. Are there fire alarms? If yes, what type? _____ Yes _____ No _____
30. Are cooking and frying operations conducted under a non-combustible power ventilation hood? Yes _____ No _____
31. Does your establishment have an automatic fire suppression system with nozzles extended over all cooking surfaces? (Excluding ovens, microwaves and steam tables) Yes _____ No _____
If yes, what type of fire suppression system is it? _____
32. Does your cooking/frying equipment have an automatic gas/propane supply cutoff? Yes _____ No _____
33. Does your establishment have deep fat fryer equipment with a high limit temperature switch? Yes _____ No _____
34. How often are your hoods and flues checked? _____
35. How often is your fire suppression system serviced? _____
36. How often are the filters in your grease hood cleaned? _____
37. Have you ever had any health or liquor violations which have resulted in the closing of your business or suspension of your license? Yes _____ No _____
38. Are there self-service food bars? If yes, how is quality control maintained? _____ Yes _____ No _____
39. Is there any table-side cooking? Yes _____ No _____
40. Is MSG used in your restaurant? Yes _____ No _____
If yes, is there a warning sign? Yes _____ No _____
41. Are employees trained to assist a choking patron? Yes _____ No _____

FOR AGENT

1. Have you enclosed a copy of the menu? Yes _____ No _____

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I understand that Financial Pacific Insurance Company may rescind coverage if I have not provided accurate and complete information in this application.

Owner or Officer's Name

Agent's Name

Title

Agent's Signature

Date

Owner or Officer's Signature

Date

Expiring Financial Pacific Policy Number,
If Applicable _____