



**CENTURY SURETY COMPANY**  
**Restaurant/Bar/Tavern/Nightclub Supplemental Questionnaire**  
**(Complete in addition to Acord Application)**

**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: \_\_\_\_\_

- |   |                          |                          |  |  |                          |                          |
|---|--------------------------|--------------------------|--|--|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |  |  | <b>Yes</b>               | <b>No</b>                |
| a. Bouncers?                                  | <input type="checkbox"/> | <input type="checkbox"/> | Days Per Week _____                                      | If yes are armed?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |  | If bouncers used are they ever off duty police officers? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pool Tables?                               | <input type="checkbox"/> | <input type="checkbox"/> | Days Per Week _____                                      |  |                          |                          |
| c. Mechanized Device (i.e. Riding Bull, etc.) |                          |                          |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | If yes: _____  |  |                          |                          |
| d. Clientele Age:                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 18 - 25                  | 25 - 35                  | Over 35 Years  | Over 50 Years  |                          |                          |
| e. Live Bands?                                | <input type="checkbox"/> | <input type="checkbox"/> | Days Per Week _____                                      | Female Reviews?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |  | Days Per Week _____                                      |                          |                          |
| Dance Floor?                                  | <input type="checkbox"/> | <input type="checkbox"/> | Days Per Week _____                                      | Male Reviews?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |  | Days Per Week _____                                      |                          |                          |
| Dancers?                                      | <input type="checkbox"/> | <input type="checkbox"/> | Days Per Week _____                                      | Disc Jockey?   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |  | Days Per Week _____                                      |                          |                          |
|   |                          |                          | Does management ever allow the use of pyrotechnics?      |  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other Types of Entertainment?              |                          |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | If _____   |                          | yes _____ :              |

- g. Are there any boat docks, slips or ramps associated with the property?  Yes  No  
 If Yes provide number of slips, docking space or number of boats that can be accommodated \_\_\_\_\_

**3. 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. Cover Charge                | \$ _____ | \$ _____ | \$ _____ |

NAME OF PERSON TO CONTACT FOR FINANCIAL RECORDS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

**4. PROPERTY COVERAGE INFORMATION**

- a. Distance from nearest: Responding Fire Station \_\_\_\_\_ miles Fire Hydrant \_\_\_\_\_ feet
- b. Year built \_\_\_\_\_ Number of stories \_\_\_\_\_ Construction  Frame  Other \_\_\_\_\_
- c. Total square footage of building \_\_\_\_\_
- d. Fire Extinguishers:  Yes  No How many? \_\_\_\_\_ Serviced & Tagged within the past year?  Yes  No
- e. Last date for update of following (show NA if not updated):  
 Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical system: \_\_\_\_\_ HVAC: \_\_\_\_\_  
 Central station fire or burglary alarm: \_\_\_\_\_ Central station fire: \_\_\_\_\_
- f. Sprinkler system  Yes  No If yes % of square footage covered by sprinkler \_\_\_\_\_
- g. Type of wiring:  Copper  Aluminum Type of roof: \_\_\_\_\_

**5. COOKING HAZARD QUESTIONNAIRE**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Is any type of cooking done on premises (please circle if microwave cooking ONLY)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?<br>Type of system: <input type="checkbox"/> Wet Chemical (UL 300 Approved) <input type="checkbox"/> Dry Chemical | <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"/> |

**6. GENERAL LIABILITY INFORMATION**

- a. Number of Employees: Managers:\_\_\_\_\_ Bartenders:\_\_\_\_ Waiter/Waitresses:\_\_\_\_ Security/Binders:\_\_\_\_\_
- b. Area of: Parking Lot\_\_\_\_\_square feet Is applicant responsible for care/maintenance of lot?  Yes  No
- c. Surface of parking lot:  Gravel  Concrete  Asphalt  No Parking  Other\_\_\_\_\_
- d. Number of Exits: \_\_\_\_\_ Are all exits marked with exit signs?  Yes  No
- e. Are all exits equipped with panic door hardware?  Yes  No  
If "No", are all exits kept unlocked during business hours?  Yes  No
- f. What is the building's legal capacity as established by fire marshal or fire department? \_\_\_\_\_ persons.

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery                      b. Liquor Liability

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant:\_\_\_\_\_

Producer:\_\_\_\_\_

Signature:\_\_\_\_\_

\_\_\_\_\_

Date:\_\_\_\_\_

Producers Signature:\_\_\_\_\_