

# iNsurance 4 Restaurants Questionnaire

Date \_\_\_\_\_

Applicant/DBA \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

1. How long in operation at this location? Yrs \_\_\_\_\_ Mos \_\_\_\_\_ How many years experience \_\_\_\_\_
2. On what date does the insurance need to be effective? \_\_\_\_\_
3. What are the gross sales for the past three years?  
Year \_\_\_\_\_ Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_  
Year \_\_\_\_\_ Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_  
Year \_\_\_\_\_ Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_
4. Hours of Operation: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_
5. What Type of Cooking?  
Full Menu \_\_\_\_\_ Short Order \_\_\_\_\_ Delicatessen \_\_\_\_\_ Fast Food \_\_\_\_\_ Table Side \_\_\_\_\_
6. What type of cooking equipment is used?  
Surface \_\_\_\_\_ Deep fat \_\_\_\_\_ Broiling \_\_\_\_\_ Roasting \_\_\_\_\_ Ventless Frying \_\_\_\_\_
7. If deep fat frying is conducted, what type of oil is used? Animal fats/oil \_\_\_\_\_ Vegetable oil \_\_\_\_\_
8. Is there an automatic extinguishing system covering all cooking equipment? Yes \_\_\_\_\_ No \_\_\_\_\_  
Type of system: \_\_\_\_\_ Manufacturer: \_\_\_\_\_
9. Does the cooking equipment meet UL 300 standards? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Is the premises equipped with fire extinguishers? Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_
11. Is there a bar or lounge? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Is there a dance floor? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Is there live entertainment? Yes \_\_\_\_\_ No \_\_\_\_\_ how often? \_\_\_\_\_
14. Are there any operations away from the premises, such as catering? Yes \_\_\_\_\_ No \_\_\_\_\_
15. What percentage of total sales is from catering? \_\_\_\_\_
16. Was the building originally built as a restaurant? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, has wiring been updated for restaurant occupancy? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_
17. Which floor is the restaurant located on? \_\_\_\_\_
18. Are maintenance contracts in place to clean all exhaust equipment? Yes \_\_\_\_\_ No \_\_\_\_\_
19. How often is the exhaust system cleaned? Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \_\_\_\_\_
20. Maximum seating capacity of restaurant: \_\_\_\_\_ Of bar/lounge: \_\_\_\_\_
21. Have you ever been cited by the Board of Health? Yes \_\_\_\_\_ No \_\_\_\_\_ Why \_\_\_\_\_
22. What year was the building constructed? \_\_\_\_\_
23. What year were the systems updated? Roof \_\_\_\_\_ HVAC \_\_\_\_\_ Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_
24. Type of construction: Frame \_\_\_\_\_ Joisted Masonry \_\_\_\_\_ Noncombustible \_\_\_\_\_ Metal \_\_\_\_\_
25. Square footage of the restaurant: \_\_\_\_\_ Total square footage of the building: \_\_\_\_\_
26. Total number of employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part time \_\_\_\_\_ Total Payroll: \_\_\_\_\_

27. Have you had any Property claims in last three years? If yes, explain  
\_\_\_\_\_
28. Have you had any General Liability claims in the last three years? If yes, explain  
\_\_\_\_\_
29. Have you had any workers comp claims in the last three years? If yes, explain  
\_\_\_\_\_
30. Have you had any Commercial Auto claims in the last three years? If yes, explain  
\_\_\_\_\_
31. Within the last five years have you suffered any systems intrusions, tampering, virus or malicious code attack, loss of data, loss of portable media, hacking incident, extortion attempts, data theft or similar, resulting in a claim? Yes \_\_\_ No \_\_\_
32. Do you provide delivery service? Yes \_\_\_ No \_\_\_ Are vehicles owned? Yes \_\_\_ No \_\_\_
33. What is the amount of coverage on the building now? \_\_\_\_\_
34. What is the amount of coverage on the business personal property now? \_\_\_\_\_
35. What is the amount of Liability coverage now? \_\_\_\_\_
36. Do you have a POS system in place? Yes \_\_\_ No \_\_\_
37. Do you back up your data at least once a week and store it in an offsite location or your outsourcer does? Yes \_\_\_ No \_\_\_
38. Do you have antivirus and firewalls in place and are they updated regularly (at least quarterly)?  
Yes \_\_\_ No \_\_\_
39. Have you previously purchased a Cyber Liability Policy? Yes \_\_\_ No \_\_\_

Please identify below the coverage that you are interested in:

- |  |  |
|--|--|
| <input type="checkbox"/> Building                      | <input type="checkbox"/> Contents/Business Personal Property |
| <input type="checkbox"/> Workers Compensation          | <input type="checkbox"/> General Liability                   |
| <input type="checkbox"/> Liquor Liability              | <input type="checkbox"/> Umbrella Liability                  |
| <input type="checkbox"/> Cyber Liability               | <input type="checkbox"/> Commercial Auto                     |
| <input type="checkbox"/> Business Income/Extra Expense | <input type="checkbox"/> Employee Theft                      |
| <input type="checkbox"/> Crime/Burglary/Theft          | <input type="checkbox"/> Equipment Breakdown                 |
| <input type="checkbox"/> Ordinance or law Coverage     | <input type="checkbox"/> Terrorism Coverage                  |

Comments - Additional Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information Provided By

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Return this questionnaire by email to [Bill@onealinsurance.net](mailto:Bill@onealinsurance.net) or Fax to 478-987-3147

For questions and additional information call toll free 800-952-6214