

# Restaurant Questionnaire

McGowan Hospitality, LLC

20595 Lorain Road  
Fairview Park, OH 44126  
(800) 545-1538



Name Insured (Corp) \_\_\_\_\_ DBA (Name) \_\_\_\_\_

Location Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Web Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

Current Carrier \_\_\_\_\_ Effective/Renewal Date \_\_\_\_\_ Current Target/Premium \_\_\_\_\_

Has Current Policy Been Cancelled or Non-Renewed?  Yes  No

If yes, please describe \_\_\_\_\_

## This Owners/Shareholders Information Must Be Entered To Bind Coverage

Owners Name (Principal) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

If more than one owner, list all on back page. All owners/shareholders must complete to bind.

## Business Information

Applicant is a  Corporation  Partnership  Individual  Other \_\_\_\_\_

Applicant is a  Restaurant  Tavern  Night Club  Diner  Banquet Hall  Social Club

Other (please specify) \_\_\_\_\_

Years at this location \_\_\_\_\_ # Years in Restaurant/Tavern Business \_\_\_\_\_

If less than 3 years at this location, list previous experience \_\_\_\_\_

Federal EIN# \_\_\_\_\_ Liquor License # \_\_\_\_\_ Legal Bldg. Occupancy \_\_\_\_\_

## Operations Section

Is Applicant Open Now?  Yes  No If No, please explain \_\_\_\_\_

Hours of Operation From \_\_\_\_\_ To \_\_\_\_\_ # of Days Per Week \_\_\_\_\_

Is Applicant a Seasonal Operation?  Yes  No If Yes, please explain \_\_\_\_\_

Distance to Ocean or Nearest Body of Water \_\_\_\_\_

## Physical Plant Section

Age of Building \_\_\_\_\_ Construction \_\_\_\_\_ Protection Class \_\_\_\_\_ # of Stories \_\_\_\_\_

Age of: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roofing \_\_\_\_\_

Roof Shape:  Flat  Gable  Hip

Roof Cladding:  Asphalt  Built-Up  Sheet/Metal  Tile/Clay  Wood Shingle

Exterior Cladding:  Wood  EIFS  Other \_\_\_\_\_

Other Occupation:  Yes  No If Yes, Type of Occupancy \_\_\_\_\_

Smoke Detectors:  Yes  No If Yes, Type:  Electric  Battery Power

Fire Alarm:  Yes  No If Yes, Type:  Central Station  Local

Burglar Alarm:  Yes  No If Yes, Type:  Central Station  Local

Surveillance Cameras:  Yes  No

Inside  Y  N Outside  Y  N Central Monitor  Y  N Archived for # \_\_\_\_\_ Months

Sprinkler System:  Yes  No If Yes, Type:  Central Station  Local

**Physical Plant Section (continued...)**

Volunteer Fire Department:  Yes  No Distance to: Hydrant \_\_\_\_\_ Fire Dept. \_\_\_\_\_

Kitchen Fire Protection:  Yes  No

U.L. Approved Automatic Extinguishing System Under Semiannual Contract  Yes  No

Above System Covering All Cooking Surfaces  Yes  No

System Name \_\_\_\_\_  Wet  Dry

Automatic Gas or Electric Shut Offs for Cooking  Yes  No

Hood and Filters Cleaned Weekly by Staff  Yes  No

Hoods and Ducts Over All Cooking Equipment  Yes  No

Hoods and Ducts Maintenance Contract Schedule # Month \_\_\_\_\_

Fire Extinguishers Tag Dates \_\_\_\_\_

Is Kitchen Sub-Leased  Yes  No

If yes, please explain \_\_\_\_\_

Table Cooking or Tableside Cooking  Yes  No

If Yes, please explain \_\_\_\_\_

**Entertainment Section (ENTIRE section MUST be completed)**

Entertainment  Yes  No Clientele Average Age \_\_\_\_\_

Nights w/Entertainment  Fri  Sat  Sun  Mon  Tue  Wed  Thu

Type of Entertainment  Rock Group  DJ  Band (Any Kind)  Go-Go  Karaoke

Other (Please Describe) \_\_\_\_\_ # of TVs \_\_\_\_\_

Cover Charge  Yes  No If Yes, Describe When & Why \_\_\_\_\_

Dance Floor Exists  Yes  No Dance Floor Square Ft. \_\_\_\_\_ If "No," is Dancing Permitted? \_\_\_\_\_

Amusement Devices (Pool Tables, Video Games, etc.)  Yes  No If Yes, # and Description \_\_\_\_\_

**Liquor Liability Section (ENTIRE section MUST be completed)**

Does Applicant Serve Alcohol?  Yes  No If NO Liquor License, is BYOB Permitted?  Yes  No

Does Applicant Have Liquor License?  Yes  No If Yes, Type and # \_\_\_\_\_

# of Bar Seats \_\_\_\_\_ Max # of Staff Per Shift: Bartenders \_\_\_\_\_ Wait Staff \_\_\_\_\_ Avg. Employment Exp. \_\_\_\_\_ yrs.

Alcohol Server Training  Yes  No If Yes, Explain Type & When Trained \_\_\_\_\_

Does Applicant Have Written Policy on Serving Alcohol to Customers?  Yes  No

Is Management Notified Prior to Shutting Off Patrons?  Yes  No

Is Documentation Kept on Each Incident?  Yes  No

# of Bars on Premises \_\_\_\_\_ Is There a Steady Bar Clientele?  Yes  No

Is There a Happy Hour?  Yes  No Reduced Price Drinks?  Yes  No

Is a Last Call Given?  Yes  No If Yes, What Time? \_\_\_\_\_

Have There Been Any Alcohol Regulatory Violations?  Yes  No

If Yes, List ALL Violations

## Property Section

Does Applicant Own Building?  Yes  No      Is Applicant Required by Lease to Insure Bldg.?  Yes  No

Building Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 min)

Imp. & Betterments Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 min)

Contents Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 min)

Business Income Limit \$ \_\_\_\_\_ Contribution or Co-Ins % \_\_\_\_\_ Waiting Period 72 Hours

Loss of Rents Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ No Waiting Period

Square Footage: Total Building \_\_\_\_\_ If Applicant is a Tenant, Sq. Ft. of Occupied Space \_\_\_\_\_

Cause of Loss:  Basic  Special  Broad

Property Enhancement Endorsement Requested  Yes  No

Other Property Coverage Requested \_\_\_\_\_

## Liability Section

General Liability Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Liquor Liability Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Is Lessors Risk Requested?  Yes  No      If Yes, Supply Sq. Footage \_\_\_\_\_ Business Occupant \_\_\_\_\_

Receipts: Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_ Admissions \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Are There Apartments?  Yes  No      If Yes, # of Units \_\_\_\_\_ Owner Occupied  Yes  No

\*All units and common areas must be equipped with smoke and CO<sup>2</sup> detectors

Are There Lodging Operations Other Than Apartments?  Yes  No

If Yes, Please Describe \_\_\_\_\_

Is There Waitress/Waiter Service?  Yes  No      If Restaurant, Table Seating Capacity \_\_\_\_\_

Off-Premise Parking?  Yes  No      If Yes, List Address & Sq. Footage (or # Spaces) \_\_\_\_\_

Valet Parking by Owner?  Yes  No      By Valet Contractor  Yes  No      If Yes, Include Cert w/MPA as Named AI

On or Off-Premise Catering/Banquet?  Yes  No      If Yes, % of Total Receipts: \_\_\_\_\_ %

Describe Catering Operation \_\_\_\_\_

Is There a Dock/Wharf?  Yes  No      If Yes, is There Water Taxi Service?  Yes  No

Describe Any Other On or Off-Premise Exposure NOT Listed Above \_\_\_\_\_

## Security

Are Any Persons Employed as Bouncers, Door Staff, ID Checker, Crowd Control or, Security?  Yes  No

If Yes Describe Type, Purpose, and Number of Security/Bouncers on Any Shift # \_\_\_\_\_

Purpose: \_\_\_\_\_

Are Any Non-Employee Security Services Hired or Contracted?  Yes  No

If Yes, Describe Type and Purpose: \_\_\_\_\_

In the Last 12 Months, Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

### Non-Owned Automobile (Hired Auto Not Available)

Is Non-Owned Automobile Requested?  Yes  No      **If Yes, Complete ENTIRE Section**

Number of Employees \_\_\_\_\_ Does Applicant Have a Business Auto Policy?  Yes  No

Any Delivery Use?  Yes  No      List the Business Purposes the Non-Owned Auto Will Be Utilized For: \_\_\_\_\_

**Claims Section**

List ALL Claims for the Past 5 Years. If Yes, Describe Loss.

Property Claims  Yes  No

\_\_\_\_\_

General Liability Claims  Yes  No

\_\_\_\_\_

Liquor Liability Claims  Yes  No

\_\_\_\_\_

**Additional Interests**

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests

There are Additional Interests listed on this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below.

If the box above is not checked it is understood that there are no Additional Interests to this application.

Additional Insurance  
for type choice

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

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Address \_\_\_\_\_  
City, State, and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

**Claims Section**

Is Owner or Corporation now or ever involved in: Bankruptcies  Yes  No Foreclosures  Yes  No  
Tax Liens  Yes  No Business Failures  Yes  No Any Litigations  Yes  No

If Yes, Please Explain

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**Additional Owners/Shareholders (Must Be Completed and Signed by ALL Owners/Shareholders to Bind)**

Name \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Fraud Statement**

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein, and on any additional pages, if any, shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**Credit Report Authorization**

I hereby authorize McGowan Hospitality to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary. *(Must be signed by ALL owners to bind)*

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Are you the controlling agent on this account?

Agent \_\_\_\_\_ Producer \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ FAX # \_\_\_\_\_  
Agent Signature \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Comments/Notes**