



McGowan Program Administrators  
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 www.mcgowanprograms.com

Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Restaurant Supplemental Questionnaire

Please send submissions to [restaurantsubmission@mcgowanprograms.com](mailto:restaurantsubmission@mcgowanprograms.com)

1. Name Insured (Corp.): \_\_\_\_\_
2. DBA (Name): \_\_\_\_\_
3. Location Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_
4. Mailing Address (if different): \_\_\_\_\_
5. Web Address: \_\_\_\_\_ Email Address: \_\_\_\_\_
6. Effective Date: \_\_\_\_\_ Expiring Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_
7. Has Current Policy Been Cancelled or Non-Renewed?  Yes  No

### Please Select Coverage(s) Desired

<input type="checkbox"/> General Liability	Limit Requested: \$ _____
<input type="checkbox"/> Liquor Liability	Limit Requested: \$ _____
<input type="checkbox"/> Employee Benefits	Limit Requested: \$ _____
<input type="checkbox"/> Hired Auto	<input type="checkbox"/> Non-Owned Auto
<input type="checkbox"/> Property	<input type="checkbox"/> Equipment Breakdown <input type="checkbox"/> Spoilage Limit Requested: \$ _____

### Business Information

1. Applicant is a:  Corporation  Partnership  Individual  Other: \_\_\_\_\_
2. Applicant is a:  Restaurant  Tavern  Night Club  Diner  Banquet Hall  Social Club
3. Years at this location: \_\_\_\_\_ # Years in Restaurant/Tavern Business: \_\_\_\_\_
4. Federal EIN#: \_\_\_\_\_ Liquor License #: \_\_\_\_\_ Legal Bldg. Occupancy: \_\_\_\_\_
5. Is owner or corporation now or ever involved in:  Bankruptcies  Foreclosures  Tax Liens  Business Failures  Any Litigations

### Hold Harmless Section

1. Does the applicant obtain written contracts from all service providers hired to work on their premises?  Yes  No  
 If "yes," under those contracts, is the applicant:
  - a. Held harmless by and indemnified for the acts of said service providers?  Yes  No
  - b. Provided "additional insured" status under said service providers' liability insurance?  Yes  No
  - c. Provided certificates of insurance evidencing at least \$1MM in liability insurance?  Yes  No

### Operations Section

1. Is applicant open now?  Yes  No  
 If no, please explain: \_\_\_\_\_
2. Hours Of Operation: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ # of days per week: \_\_\_\_\_
3. Is applicant a Seasonal Operation?  Yes  No  
 If yes, please explain \_\_\_\_\_
4. Distance to Ocean or Nearest Body of Water: \_\_\_\_\_
5. Volunteer Fire Department?  Yes  No
  - a. Distance to Fire Hydrant? \_\_\_\_\_
  - b. Distance to Fire Department: \_\_\_\_\_
6. Are there any Lessors Risk Exposure?  Yes  No
  - a. If Yes Square Footage? \_\_\_\_\_
  - b. What is the Business Occupancy? \_\_\_\_\_

7. Are there any Apartment exposure?  Yes  No  
 a. If Yes Total number of Units: \_\_\_\_\_ Owner Occupied? \_\_\_\_\_
8. Are there fully functional smoke detectors and Co2 detectors in each unit and common areas?  Yes  No  
 a.  Battery Operated ( with Maintenance records)  Hard wired
9. Are there any other Lodging Operations other than apartments?  Yes  No  
 a. If Yes, please describe: \_\_\_\_\_

**Location Information Section**

1. Year Built: \_\_\_\_\_ Construction: \_\_\_\_\_ Protection Class: \_\_\_\_\_ # of Stories: \_\_\_\_\_ How Many Locations: \_\_\_\_\_  
 Age of: Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roofing: \_\_\_\_\_
2. Roof Shape:  Flat  Gable  Hip
3. Roof Cladding:  Asphalt  Built-Up  Sheet/Metal  Tile/Clay  Wood Shingle
4. Exterior Cladding:  Wood  EIFS  Other: \_\_\_\_\_
5. Smoke Detectors:  Yes  No If Yes, Type:  Hard-wired  Battery Power w/annual maintenance
6. Fire Alarm:  Yes  No If Yes, Type:  Central Station  Local
7. Burglar Alarm:  Yes  No If Yes, Type:  Central Station  Local
8. Surveillance Cameras:  Yes  No Inside: Y N Outside: Y N Central Monitor: Y N Archived for # \_\_\_\_\_ Months
9. Sprinkler System:  100%  Partial  Not Sprinkled

**Cooking Controls**

1. Is kitchen subleased?  Yes  No a. Is there table cooking or tableside cooking?  Yes  No
2. Is the fire extinguishing/suppression system inspected and serviced at least every 6 months?  Yes  No
3. UL Approved Auto Extinguishing System over all cooking surfaces and deep fryers?  Yes  No
4. Are there automatic gas or electric shut-offs for cooking?  Yes  No
5. Hood and filters cleaned by staff weekly?  Yes  No
6. Are there hood and ducts over all cooking equipment?  Yes  No
7. Hoods and ducts maintenance contract schedule: \_\_\_\_\_ # Month: \_\_\_\_\_
8. Is there proper 18-inch clearance or appropriate shielding installed between cooking equipment?  Yes  No
9. Are fire extinguishers inspected and tagged yearly?  Yes  No

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

1. Entertainment:  Yes  No Clientele Average Age: \_\_\_\_\_
2. Nights w/Entertainment:  Fri  Sat  Sun  Mon  Tue  Wed  Thu
3. Type of Entertainment  Rock Group  DJ  Band (Any Kind)  Go-Go  Karaoke  
 Other (Please Describe): \_\_\_\_\_ # of TVs: \_\_\_\_\_
4. Cover Charge:  Yes  No If Yes, Describe When & Why \_\_\_\_\_
5. Dance Floor Exists:  Yes  No Dance Floor Square Ft. \_\_\_\_\_ If "No," is Dancing Permitted? \_\_\_\_\_
6. Amusement Devices (Pool Tables, Video Games, etc.):  Yes  No If Yes, # and Description: \_\_\_\_\_

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

1. Does Applicant Serve Alcohol?  Yes  No If NO Liquor License, is BYOB Permitted?  Yes  No
2. Does Applicant Have Liquor License?  Yes  No If Yes, Type and #: \_\_\_\_\_
3. # of Bar Seats: \_\_\_\_\_ Max # of Staff Per Shift: Bartenders: \_\_\_\_\_ Wait Staff: \_\_\_\_\_ Avg. Employment Exp.: \_\_\_\_\_ yrs.
4. Alcohol Server Training  Yes  No  
 a. If Yes, Explain Type & When Trained: \_\_\_\_\_

5. Does Applicant Have Written Policy on Serving Alcohol to Customers?  Yes  No
6. Is Management Notified Prior to Shutting Off Patrons?  Yes  No
7. Is Documentation Kept on Each Incident?  Yes  No
8. # of Bars on Premises: \_\_\_\_\_ Is There a Steady Bar Clientele?  Yes  No
9. Is There a Happy Hour?  Yes  No Reduced Price Drinks?  Yes  No
10. Is a Last Call Given?  Yes  No If Yes, What Time? \_\_\_\_\_
11. Have There Been Any Alcohol Regulatory Violations?  Yes  No

a. If Yes, List ALL Violations:

### Property Section

1. Does Applicant Own Building?  Yes  No a. Is Applicant Required by Lease to Insure Bldg.?  Yes  No
2. Is there any other occupancy?  Yes  No
- a. If yes, please list: \_\_\_\_\_
3. Building Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 min)
4. Imp. & Betterments Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 min)
5. Contents Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 min)
6. Business Income Limit \$: \_\_\_\_\_ Contribution or Co-Ins %: \_\_\_\_\_ Waiting Period: 72 Hours
- With Extra Expense?  Yes  No
7. Loss of Rents Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ No Waiting Period  Yes  No
8. Building Square ft.: \_\_\_\_\_ If Applicant is a Tenant, Sq. Ft. of Occupied Space: \_\_\_\_\_
9. Cause of Loss:  Basic  Special  Broad
10. Property Enhancement Endorsement Requested  Yes  No
11. Other Property Coverage Requested: \_\_\_\_\_

### Liability Section

1. Receipts: Food: \_\_\_\_\_ Liquor: \_\_\_\_\_ Admissions: \_\_\_\_\_ Other: \_\_\_\_\_
2. Is there waitress/waiter service?  Yes  No a. What is the total seating capacity? \_\_\_\_\_
3. Are employees trained and able to assist choking patrons (e.g. Heimlich Maneuver)?  Yes  No
4. Is there an emergency evacuation procedure?  Yes  No
5. Have there been any violations or citations by the local Board of Health Department?  Yes  No
6. Are exits clearly marked and kept clear and unlocked during hours of operation?  Yes  No
7. Are emergency doors equipped with panic hardware and properly marked with lighted exit signs?  Yes  No
8. Are all floors/carpet areas free of any tripping hazards, in good condition and free of any tears, chips or frays?  Yes  No
9. On or off premise catering/banquet?  Yes  No a. If yes, what is the % of total receipts? \_\_\_\_\_
10. Describe catering operations: \_\_\_\_\_
11. Does the insured offer valet service?  Yes  No
- a. If yes, is the valet operated by the insured or by a third party?  Applicant  Third Party
12. Does the contract in place between the third party and applicant name the insured as additional insured, contains hold harmless wording and carry \$1MM in limits in liability insurance?  Yes  No

### Hired & Non-Owned Auto Section

1. Number of employees: \_\_\_\_\_ 2. Does applicant have a Business Auto Policy?  Yes  No
3. Any delivery use?  Yes  No
4. List the business purpose the Non-Owned Auto will be utilized for: \_\_\_\_\_

**Security**

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

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

a. Purpose: \_\_\_\_\_

3. Are the security guards employed by the applicant or by a third party?  Applicant  Third Party

a. Does the contract in place between the third party and applicant name the insured as additional insured, contain hold harmless wording and carry \$1MM in limits in liability insurance?  Yes  No

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

**Additional Exposures**

1. Is there off-premises parking?  Yes  No

If yes, please list address and square footage (# of spaces okay): \_\_\_\_\_

2. Is there a dock or wharf or any other marina exposures?  Yes  No

If yes, is there a taxi service?  Yes  No

3. Describe any other on or off premises exposure not listed above: \_\_\_\_\_

**Claims Section**

List ALL Claims for the Past 4 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: \_\_\_\_\_

Additional Insurance for type choice Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and ZIP: \_\_\_\_\_  
Interest: \_\_\_\_\_

Additional Insurance for type choice Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and ZIP: \_\_\_\_\_  
Interest: \_\_\_\_\_

**Uninsured and Underinsured Motorists Liability Coverage Selector**

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will be surcharged for this coverage. Coverage is only available in the following states: IL & LA. **Coverage is mandatory in Illinois.**

**Terrorism Coverage Selector**

- I decline to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent will have no Certified "Acts of Terrorism" coverage.
- I would like to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent may be surcharged of our ordinary premium for this coverage.

**Availability**

As required by TRIA, we have made available to you for lines subject to TRIA coverage for losses resulting from acts of terrorism certified under TRIA with terms, amounts and limitations that do not differ materially from those for losses arising from events other than acts of terrorism.

**Definition of Act of Terrorism under TRIA**

TRIA defines "act of terrorism" as any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act ("TRIA"), to be an act of terrorism. The Terrorism Risk Insurance Act provides that the Secretary of Treasury shall certify an act of terrorism:

1. To be an act of terrorism;
2. To be a violent act or an act that is dangerous to human life, property or infrastructure;
3. To have resulted in damage within the United States, or outside of the United States in the case of an air carrier (as defined in section 40102 of Title 49, United States Code) or a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), or the premises of a United States mission; and
4. To have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. No act may be certified as an "act of terrorism" if the act is committed as part of the course of a war declared by Congress (except for workers' compensation) or if losses resulting from the act, in the aggregate for insurance subject to TRIA, do not exceed \$5,000,000.

**Fact, Statements, & Fraud Notice; Purpose & Effect of Application for Insurance, Terms & Conditions of Insurance; Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof)**

**Fact Statements & Fraud Notice.** The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements, And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereeto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

\_\_\_\_\_, 20\_\_\_\_  
Signature of Applicant                      Date

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_  
Signature of Insurance Broker                      Date

Printed Name: \_\_\_\_\_

Title:                      **Insurance Broker**