



Restaurant Supplemental Questionnaire

Please send submissions to restaurantsubmission@mcgowanprograms.com

[Click to Download Multiple Locations, SOV Form](#)

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
8. Inspection Contact: _____ Phone #: _____ Email: _____

Please Select Coverage(s) Desired

<input type="checkbox"/> General Liability	<input type="checkbox"/> Spoilage Limit Requested: \$ _____
<input type="checkbox"/> Liquor Liability	<input type="checkbox"/> Equipment Breakdown
<input type="checkbox"/> Employee Benefits	<input type="checkbox"/> Valet Endorsement (Property)
<input type="checkbox"/> Hired Auto/Non-Owned Auto	Limits: <input type="checkbox"/> \$50,000/250,000 <input type="checkbox"/> \$100,000/500,000 <input type="checkbox"/> \$250,000/1MM
<input type="checkbox"/> Customer Auto Property Damage	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

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 N/A

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? _____
 b. Are there fully functional smoke detectors and Co2 detectors in each unit and common areas? Yes No
 c. Battery Operated (with Maintenance records) Hard wired Yes No
8. Are there any other Lodging Operations other than apartments? Yes No
 a. If Yes, please describe: _____

Location Information Section (Please provide location 1 below. If multiple locations, please provide an Acord or SOV)

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

Liquor Liability Section (ENTIRE section MUST be completed) (Please provide location 1 below. If multiple locations, please provide an Acord or SOV)

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 (Please provide location 1 below. If multiple locations, please provide an Acord or SOV)

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 (Please provide location 1 below. If multiple locations, please provide an Acord or SOV)

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
b. 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
12. Valet Endorsement (Customer Auto Property Damage Cov) Yes No
a. Limits: \$50,000/250,000 \$100,000/500,000 \$250,000/1MM b. Deductible: \$500 \$1,000 \$2,500 State: _____

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: _____

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. **Coverage is mandatory in California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virgin Islands, Washington, West Virginia, & Wisconsin.**

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 Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

(Version v2019.06.03)

_____, 20_____
Signature of Applicant Date

_____, 20_____
Signature of Insurance Broker Date

Printed Name: _____

Printed Name: _____

Title: _____

Title: **Insurance Broker**