

# Restaurant Quote Form

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

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

## Type of Restaurant

- \_\_\_\_\_ Fine Dining Restaurant
- \_\_\_\_\_ Family Style Restaurant
- \_\_\_\_\_ Fast Food Restaurant
- \_\_\_\_\_ Limited Cooking Restaurant- Example: Snack Bar, Concession Stand, Juice Bar
- \_\_\_\_\_ Drive-In Restaurant (No outside Seating)
- \_\_\_\_\_ Banquet Facility
- \_\_\_\_\_ Catering - Restaurant
- \_\_\_\_\_ Bar, Lounge, or Tavern

## General Information

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Operation: \_\_\_\_\_

Legal Entity (Corp, LLC, etc.): \_\_\_\_\_

Years in Business: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Years with Current Insurance Company: \_\_\_\_\_

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

Number of Owners: \_\_\_\_\_

Number of Part Time Employees: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_

Gross Annual Sales: \_\_\_\_\_

Receipts from food sales: \_\_\_\_\_

Receipts from alcohol sales: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

## **Underwriting Questions**

Is restaurant(s) open past midnight? \_\_\_\_\_

What are the hours of operation? \_\_\_\_\_

Is restaurant(s) seasonal? \_\_\_\_\_

If yes, list dates closed: \_\_\_\_\_

Is restaurant(s) part of a franchise? \_\_\_\_\_

Is food or alcohol delivered by vehicle? By foot or bicycle? \_\_\_\_\_

Is more than 5% of food served raw fish or meats? (*i.e. sushi, oysters, steak tartare, etc.*) \_\_\_\_\_

Do designated employees receive annual training on safe food handling practices? \_\_\_\_\_

Any critical or high food service or health board violations? Score/Date: \_\_\_\_\_

Is there a written procedure to document slips and falls, objects in food, food poisoning and other complaints?  
\_\_\_\_\_

Does business participate in any off premises operations, such as parades, contests, festivals or fairs? \_\_\_\_\_

Is there a written contract to service refrigeration equipment? Age of refrigeration system: \_\_\_\_\_

Are all floors in good repair and nonslip precautions in place? (*look for tripping hazards*) \_\_\_\_\_

Are slicer safety features in place? \_\_\_\_\_

Is cleanliness of the food preparation area good? \_\_\_\_\_

Are exit doors easily accessible (*unblocked*) and lit? \_\_\_\_\_

Are the sidewalks, entry areas and parking lot in good condition?" \_\_\_\_\_

Is commercial cooking performed at the location? \_\_\_\_\_

**Kitchen Fire Protection: (*Complete this section only if commercial cooking is performed.*)**

Are all cooking surfaces and deep fryers covered by a metal exhaust hood with ductwork? \_\_\_\_\_

Is there a written contract for commercial cleaning of the exhaust hood, including ductwork and filters? \_\_\_\_\_

If Yes, what is the schedule (*i.e. monthly, quarterly, semi-annually, annually?*) Date of last insp:  
\_\_\_\_\_

Are all commercial cooking surfaces and deep fryers protected by a WET automatic chemical extinguishing system? \_\_\_\_\_

Is the automatic extinguishing system(s) serviced under a written maintenance contract at least every 6 months? Date of last inspection:  
\_\_\_\_\_

Are the filters, hood, rear wall and appliances free of grease accumulation? \_\_\_\_\_

Are the outside wall, roof and bell housing free of grease accumulation? \_\_\_\_\_

Does restaurant(s) have banquet hall facilities seating more than 50 people? \_\_\_\_\_

If Yes, what is the seating capacity? \_\_\_\_\_

Is any tableside cooking performed? \_\_\_\_\_

Are there any open pits/hearths or open flame grills? \_\_\_\_\_

If Yes, describe. \_\_\_\_\_

Are there Class K fire extinguishers and are they serviced annually? \_\_\_\_\_

Is there a fire alarm? \_\_\_\_\_

If Yes, does it report to the police / fire department \_\_\_\_\_

**Entertainment:** *(Check all that apply.)*

- None
- Volleyball/Sports
- Pool Table
- Live Band
- Dance Floor
- Stage Play
- Pyrotechnics
- DJ
- Playground
- Karaoke
- Dart Board
- Piano

Do you desire coverage for Liquor Liability? \_\_\_\_\_

**Liquor: (Complete this section only if requesting liquor liability coverage.)**

How much coverage would you like for claims arising from alcohol consumption on your premises?

Coverage: \_\_\_\_\_ Deductible \_\_\_\_\_

Does business have a formal alcohol awareness training program? \_\_\_\_\_

If Yes, what is the name of the program (TIPS, TOPS, etc.): \_\_\_\_\_

If Yes, are all servers/bartenders required to attend the program within 60 days of hiring? \_\_\_\_\_

If Yes, do you make written material available to reinforce the skills learned in the training program? \_\_\_\_\_

Has Applicant submitted any claims in the past 5 years regarding liquor liability coverage or had any incidents that might give rise to a claim? \_\_\_\_\_

If Yes, please provide details: \_\_\_\_\_

Has Applicant been cited or fined by a government agency for any liquor violations? \_\_\_\_\_

If Yes, please provide details: \_\_\_\_\_

Has Applicant ever had their liquor license suspended or revoked? \_\_\_\_\_

Has liquor liability coverage ever been cancelled, non-renewed or denied in the past? \_\_\_\_\_

If Yes, please provide details: \_\_\_\_\_

Is there a separate bar or lounge area? \_\_\_\_\_

Does business have any bouncers, security guards, doormen, or ID checkers? \_\_\_\_\_

Does business supply the bartender/servers for catered events? \_\_\_\_\_

Are receipts from catering operations more than 10% of your Total Receipts? \_\_\_\_\_

If Yes, please provide details: \_\_\_\_\_

Please check all operations that apply:

- Happy Hour
- Drink Specials
- Flaming Drinks
- Ladies / Men's Night
- Cover Charge
- None

How many locations does your business occupy? \_\_\_\_\_

Location Address	Year Built	Square Footage	Construction Type	Roof	Electrical	Plumbing	HVAC	Building \$	Contents \$

Is the building equipped with any of the safety features listed below?

- Smoke Alarm- if yes, are they hardwired or battery
- Fire Alarm- Report to central station or only sound alarm on premises
- Burglar Alarm- Report to central station or only sound alarm on premises
- Fire Extinguishers- annually serviced
- Sprinkler System- Full Building or Partial

### **Additional Liability Coverages**

#### **Employment Related Practices**

Would your business like to be protected from lawsuits involving Employment Related Practices such as sexual harassment, wrongful termination, and discrimination? **If yes- Dropdown for coverage amounts**

Coverage Amount: \_\_\_\_\_ Deductible: \_\_\_\_\_

#### **Data Compromise**

Would you like for your business to be protected from lawsuits arising from cyber-attacks on your computer systems or network that results in the theft of your clients or employees personal information such as bank, credit card, or social security numbers?

Coverage Amount: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Employee Benefits Liability**

Would you like for your business to be protected from lawsuits arising from the administration of your employee benefits program?

Coverage Amount: \_\_\_\_\_

Deductible: \_\_\_\_\_

**Additional Notes:**