

ProHost Supplemental Questionnaire – Restaurants/Bars/Taverns
 (Complete this supplement and submit with ACORD Application) info@prohostusa.com

Agency Name:

Name Insured/Applicant:

Street Address:

Yes	No	1. Hours of Operation:
		2. Total number of seats: Dining Bar/Lounge
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the restaurant close for more than 30 consecutive days?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has owner/manager operated the restaurant for less than 3 complete years? If so, describe and/or attach brief resume.

Complete for Property Coverage Note: Complete this section separately for each location.

Location# _____

Street Address: _____

City/State: _____

Yes	No	
		Number of Kitchen appliances: Deep Fryers: Broilers: Grills: Ranges : Ovens: Other:
		Type of Fuel: Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Any table-side cooking?
<input type="checkbox"/>	<input type="checkbox"/>	Is the ansul system UL300 compliant?
<input type="checkbox"/>	<input type="checkbox"/>	Automatic fire extinguishing system provides surface protection for all cooking surfaces, e.g., Griddles, ranges, deep fry & broilers.
<input type="checkbox"/>	<input type="checkbox"/>	Do metal hoods and ducts cover all cooking surfaces?
<input type="checkbox"/>	<input type="checkbox"/>	Hoods equipped with removable filters or grease extractors vented to outside of building.
<input type="checkbox"/>	<input type="checkbox"/>	All cooking or heating devices installed with minimum 18 inches safe clearances to combustible walls, ceilings, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Manual pull for extinguisher system readily accessible and clearly identified?
<input type="checkbox"/>	<input type="checkbox"/>	All gas fired cooking equipment and electric deep fat fryers equipped with automatic fuel shut off?
<input type="checkbox"/>	<input type="checkbox"/>	All deep fat fryers equipped with thermostat with automatic fuel shutoff if temperature exceeds 475°?
		Number of portable fire extinguishers in kitchen area: _____
<input type="checkbox"/>	<input type="checkbox"/>	Central station burglar alarm?
<input type="checkbox"/>	<input type="checkbox"/>	Central station fire alarm?
<input type="checkbox"/>	<input type="checkbox"/>	Hoods and ducts cleaned as necessary by outside firm under contract Name of Firm: Cleaning Schedule: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Is refrigeration/freezing equipment under a maintenance agreement?
<input type="checkbox"/>	<input type="checkbox"/>	Automatic Extinguishing System Serviced No Less Than Every 6 Months: Service Interval: (ATTACH COPY OF CURRENT SERVICE CONTRACT)
		Wind/Flood Exposures:
		Distance from ocean, gulf, bay, intracoastal waterways, river, or other body of water: Identify body of water:
<input type="checkbox"/>	<input type="checkbox"/>	Is the building listed on the National or Local Historic Registry?
<input type="checkbox"/>	<input type="checkbox"/>	Is risk in a wind pool area?
<input type="checkbox"/>	<input type="checkbox"/>	Is risk in a flood zone?

<input type="checkbox"/>	<input type="checkbox"/>	Is risk on an island?
Other Hazards:		
<input type="checkbox"/>	<input type="checkbox"/>	Is the actual age of the building greater than 20 years old? If yes, describe updates to the roof, electrical, HVAC and plumbing systems including year completed:
Describe Unusual Conditions (e.g. playground facilities, unusual interior decorations, seasonal operations, wood burning stove or fireplace):		

Complete for General Liability Coverage
Note: Complete this section separately for each location.

Street Address: _____ City/State: _____

Yes	No	Classification and Rating Information:															
		Number of Employees: FT _____ PT _____															
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant allow dancing? If yes, is there a dance floor? Size in square feet: _____ Number of evenings/week with dancing? Type of music: _____															
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant provide off-premises catering services? If Yes, annual sales: \$ _____ Off-premises catering sales are what % of total restaurant sales? _____ %															
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have an on-premises banquet facility? If yes, annual banquet sales: \$ _____ Banquet sales are what % of total restaurant sales? _____ %															
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant offer delivery service? If yes, check all that apply: <input type="checkbox"/> By employees – on foot <input type="checkbox"/> By employees with personal autos <input type="checkbox"/> By employees – on bicycle <input type="checkbox"/> By employees with company autos <input type="checkbox"/> By contract (outside) delivery service Delivery area (radius from restaurant in miles): _____															
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have electronic games, TVs, billiards or other entertainment devices? If yes, describe – number and type:															
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant sell food or condiments manufactured under the its own label? If yes, give annual sales and describe products: Annual Sales \$ _____ Products: _____															
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have live entertainment or a DJ? If Yes, describe:															
		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">SALES:</th> <th style="width: 20%;"><u>Total Sales</u></th> <th style="width: 20%;"><u>Food</u></th> <th style="width: 20%;"><u>Liquor</u></th> <th style="width: 20%;"><u>Other (describe)</u></th> </tr> </thead> <tbody> <tr> <td>Estimated – Next 12 Months</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Actual – Last 12 Months</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>	SALES:	<u>Total Sales</u>	<u>Food</u>	<u>Liquor</u>	<u>Other (describe)</u>	Estimated – Next 12 Months	\$ _____	\$ _____	\$ _____	\$ _____	Actual – Last 12 Months	\$ _____	\$ _____	\$ _____	\$ _____
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Estimated – Next 12 Months	\$ _____	\$ _____	\$ _____	\$ _____													
Actual – Last 12 Months	\$ _____	\$ _____	\$ _____	\$ _____													
<input type="checkbox"/>	<input type="checkbox"/>	Are floor transitions clearly marked?															
<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot: Is parking lot owned by applicant?															
<input type="checkbox"/>	<input type="checkbox"/>	If parking lot is not owned by applicant, is applicant responsible for maintenance of the parking lot?															
<input type="checkbox"/>	<input type="checkbox"/>	If answer to both of the above questions is “no,” does applicant indemnify (through the lease agreement) the entity which owns or maintains the parking lot or will such entity be an insured under the applicant’s general liability insurance?															
Management Experience: (Check the most appropriate description.)																	
Note: “Management” refers to the individual responsible for day-to-day operations of the restaurant																	
		a. Same management for 10 or more years. <input type="checkbox"/>															
		b. Same management for 3 to 9 years. <input type="checkbox"/>															
		c. Same management for less than 3 years. <input type="checkbox"/>															
		d. New venture and no previous restaurant management experience. <input type="checkbox"/>															
Customer Incident/Complaint Handling: (Check the appropriate description.)																	
		a. Waitpersons are trained in proactive customer incident/complaint procedures management procedures <input type="checkbox"/>															
		b. Customer incident/complaint handling is not discussed with wait staff. <input type="checkbox"/>															
		c. Wait staff instructed to take passive response to customer incidents or complaints <input type="checkbox"/>															

Health Department Rating: (Check the latest applicable rating.)	
a. "A" or equivalent grade <input type="checkbox"/>	c. "C" or equivalent grade <input type="checkbox"/>
b. "B" or equivalent grade <input type="checkbox"/>	d. "D" or below <input type="checkbox"/>
Experience of Head Chef: (Check the most appropriate description.)	
a. More than three years prior experience as head chef.	<input type="checkbox"/>
b. One to three years prior experience as head chef.	<input type="checkbox"/>
c. If less than one year prior head chef experience, provide details of other culinary on separate sheet.	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Does the restaurant offer valet parking?	
<input type="checkbox"/>	<input type="checkbox"/>
If yes, is valet parking performed by the restaurant's employees?	
<input type="checkbox"/>	<input type="checkbox"/>
If yes, does the restaurant check the driving records of valet parking attendants?	
<input type="checkbox"/>	<input type="checkbox"/>
If you offer valet using an outside firm, does that firm have insurance coverage in force to cover liability arising out of valet parking including physical damage to customers' autos?	
<input type="checkbox"/>	<input type="checkbox"/>
If you use an outside valet firm, is the restaurant included as an insured under the firm's garage and garage keepers insurance?	
<input type="checkbox"/>	<input type="checkbox"/>
Is the restaurant in compliance with ADA requirements?	
<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant aware of any present or past incident that may give rise to a data breach claim?	
<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant had data breach insurance coverage denied, canceled or non-renewed during the last three years? If Yes, give details:	
<input type="checkbox"/>	<input type="checkbox"/>
Do you store, manage, utilize, transmit or otherwise handle Private Identifying Information such as social security numbers, credit card numbers, bank account numbers? If Yes check all that apply:	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Credit/debit card numbers	<input type="checkbox"/> Client legal data/records
<input type="checkbox"/> Patient medical data/records	<input type="checkbox"/> Client financial data/records
<input type="checkbox"/> Dates of Birth	<input type="checkbox"/> Drivers' license numbers
<input type="checkbox"/> Social Security Numbers	<input type="checkbox"/> Bank Account information
<input type="checkbox"/>	<input type="checkbox"/>
Other _____	
<input type="checkbox"/>	<input type="checkbox"/>
Do you have safeguards in place in the form of physical security, technical security, and/or policies and procedures? If yes, check all that apply.	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Password Protection	<input type="checkbox"/> Network security functions outsource to a 3 rd party
<input type="checkbox"/> Firewalls	<input type="checkbox"/> None
<input type="checkbox"/> Antivirus Software	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Numbers	

Complete for Liquor Liability Coverage (complete for each location)

Liquor License #: _____ Type: Beer & Wine _____ Full Liquor _____	
Liquor liability limit: <input type="checkbox"/> \$1 Mill <input type="checkbox"/> Other: \$ _____	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Any special consumption promotions such as ladies night, 2 for 1's, etc.? If Yes, describe:	
<input type="checkbox"/>	<input type="checkbox"/>
Do you serve any flaming drinks? If yes, describe:	
<input type="checkbox"/>	<input type="checkbox"/>
Do you dispense or provide alcoholic beverages for off-premises events?	
<input type="checkbox"/>	<input type="checkbox"/>
Has applicant, any owner, partner, officer of licensee ever had a liquor license revoked or suspended? If Yes, explain:	
<input type="checkbox"/>	<input type="checkbox"/>
Have the authorities been called to your premises for any reason during the past five years? If yes, explain:	
<input type="checkbox"/>	<input type="checkbox"/>
Is formal training provided for all servers and bartenders in the responsible service, sale and consumption of alcohol? If Yes, give name of program and frequency of training:	

<input type="checkbox"/>	<input type="checkbox"/>	Are customers served without checking ID?
<input type="checkbox"/>	<input type="checkbox"/>	Does applicant employ "bouncers" or door checkers?
<input type="checkbox"/>	<input type="checkbox"/>	Does applicant currently carry liquor liability insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant had Liquor Liability insurance coverage denied, canceled or non-renewed during the last three years? If Yes, give details:

_____/_____
Applicant Signature/Date

_____/_____
Producer Signature/Date