

Restaurant Questionnaire

Note: Incomplete/unsigned applications are not acceptable

NAME	STREET				
CITY, STATE, ZIP					
CHECK LIST					
1. NUMBER OF YEARS EXPERIENCE IN RESTAURANT MANAGEMENT	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 40px; text-align: center; height: 25px;"></td> <td style="padding: 0 10px;">TOTAL</td> <td style="border: 1px solid black; width: 40px; text-align: center; height: 25px;"></td> <td style="padding: 0 10px;">AT THIS LOCATION</td> </tr> </table>		TOTAL		AT THIS LOCATION
	TOTAL		AT THIS LOCATION		
2. TYPE / STYLE OF RESTAURANT	<input type="checkbox"/> FAMILY STYLE <input type="checkbox"/> DINER <input type="checkbox"/> FAST FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> BANQUET HALL <input type="checkbox"/> OTHER				
3. HOURS OF OPERATION					
4. ENTERTAINMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE: <input type="checkbox"/> DJ <input type="checkbox"/> BAND <input type="checkbox"/> OTHER (DESCRIBE)				
5. DANCING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
6. BOUNCERS OR DOORMEN	<input type="checkbox"/> YES <input type="checkbox"/> NO				
7. AMUSEMENT DEVICES	<input type="checkbox"/> POOL TABLES <input type="checkbox"/> VIDEO GAMES <input type="checkbox"/> GAMBLING <input type="checkbox"/> OTHER				
8. RECEIPTS	FOOD \$ LIQUOR \$				
9. RECEIPTS – PREVIOUS YEAR	FOOD \$ LIQUOR \$				
10. VALET PARKING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
11. BARTENDERS	NUMBER: AVERAGE LENGTH OF EMPLOYMENT:				
12. WAITERS & WAITRESSES	NUMBER: AVERAGE LENGTH OF EMPLOYMENT:				

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13. LIQUOR TRAINING FOR 11 & 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE:
14. WRITTEN ALCOHOL POLICY	<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. HAPPY HOUR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
16. LIQUOR BOARD VIOLATIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
17. DESCRIBE ANY PREVIOUS LIQUOR LIABILITY CLAIMS		

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMING CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES, NOT APPLICABLE IN CO, HI, OH, OK, IN, ME, AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

APPLICANT'S SIGNATURE: _____ DATE _____

TITLE (OFFICER): _____

AGENT'S SIGNATURE: _____ DATE _____

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