

Small Business BOP Restaurant Supplemental Questionnaire



Small Business BOP Restaurant Appetite

Eligible Restaurant Types	Maximum Exposure	Desired Risk Characteristics

Please answer the following questions with regard to the total account, taking into consideration the business operation at all locations.
The restaurant risk may be audited and/or inspected to verify business operations and premises condition.

Named Insured / DBA: _____ Date: _____

Website URL: _____

Years of ownership experience at the insured (or to be insured) restaurants: _____

Years of overall prior restaurant experience (including other owned restaurants): _____

Money and Securities

Does the insured maintain a cash register and records of daily receipts? ____ Yes ____ No
How frequently are deposits made? ____ Daily ____ Weekly ____ As needed, more frequently than weekly ____ Less frequently than weekly
Are deposit records retained? ____ Yes, on premises ____ Yes, away from premises ____ No
Is money stored in a class B or better safe while on premises? ____ Yes ____ No
Are bank accounts reconciled by someone other than the person who is authorized to deposit/withdraw? ____ Yes ____ No
How often are the accounts audited by a public accountant or CPA? ____ Annually ____ Semi-Annual ____ Quarterly or less ____ No audit

Payment Card Security Extra Expense Coverage (if applicable) ____ N/A

Has the applicant suffered a data breach in the past or is the applicant aware of any incidents or event that could result in a data breach, including breaches of payment card information? ____ Yes ____ No

If yes, provide details of the breach or incident and the security remediation efforts that have been implemented:

PLEASE NOTE: No coverage will be provided for Software and Firewall Upgrade and Scanning Services, Payment Card Contract Penalties and Chargebacks or Bank Service Charges if the attestation of compliance with Payment Industry Data Security Standards is fraudulent or intentionally misrepresented.

Has the applicant attested compliance with Payment Card Industry Data Security Standards within the past 12 months? ____ Yes ____ No

Date of the last attestation of compliance: _____

As of this application date, is the applicant in compliance with the Payment Card Industry Data Security Standards? ____ Yes ____ No

General Operations

Are Deliveries made? ____ Yes, residential ____ Yes, business to business ____ Yes, no delivery ____

If Delivery:

Delivery associated with catering operations only? ____ Yes ____ No

Delivery by employees? ____ owned vehicles, ____ non-owned vehicles

Delivery by third-party vendor(s)? ____ Yes ____ No

Number of employees whose job responsibility involves driving their own vehicle daily (non-owned auto): _____

Does the insured monitor evidence of personal auto insurance? ____ Yes ____ No

If catering: Are the applicant and all employees bonded for theft? ____ Yes ____ No

If catering: Are criminal background checks conducted on all employees performing in-home catering? ____ Yes ____ No

Is valet parking service provided? ____ Yes ____ No If Yes, provided by whom? ____ Applicant ____ Third party

Do all contracts include hold harmless wording in the applicant's favor and are certificates of insurance naming applicant as additional insured obtained from all independent contractors and vendors? ____ Yes ____ No If no, explain _____

Small Business Restaurant Supplemental Questionnaire

This section of the questionnaire must be completed for EACH location.

Restaurant Types:	Cuisine Served:

Total food receipts (excluding liquor) at this location: \$ _____ Average entrée price: \$ _____
 Total liquor receipts (including beer & wine) at this location: \$ _____ Total receipts from off-site catering: \$ _____
 Total gaming revenue at this location: \$ _____ Total receipts from in-home catering: \$ _____
 Hours of operation – restaurant: _____ am/pm to _____ am/pm
 Hours of operation – bar/lounge: _____ am/pm to _____ am/pm _____ No Bar
 Total number of employees at this location: _____ Number of bartenders: _____ Number of servers: _____

Kitchen Facilities

How often are hood filters cleaned? _____ Daily _____ Weekly _____ As needed, more frequently than weekly _____ Less frequently than weekly
 How often are the hood and ducts regularly cleaned by an outside firm? _____ Quarterly _____ Semi-annually _____ Annually or less often
 Does a UL 300-approved automatic extinguishing system cover all cooking surfaces? _____ Yes _____ No
 Is the automatic extinguishing system under a service maintenance contract by an outside firm? _____ Yes _____ No
 If yes, frequency of service: _____ Quarterly _____ Semi-annually _____ Annually
 Is there any table top or table side cooking? _____ Yes _____ No

Entertainment

Does the applicant provide entertainment, dancing, live bands, a DJ, or amusement devices? _____ Yes _____ No
 If yes, describe _____

Security

Does applicant use any on-site security or bouncers? _____ Yes _____ No
 Does applicant conduct criminal background checks on all security personnel? _____ Yes _____ No
 Are security services contracted to a third party? _____ Yes _____ No

Building & Premises

Restaurant area: _____ sq. ft. Seating capacity: _____ persons
 Are the restaurant premises compliant with current ADA requirements? _____ Yes _____ No
 Does the restaurant have any interior stairs, steps, raised/uneven flooring or elevated booths/seating areas? _____ Yes _____ No
 Does the restaurant have an outdoor seating area? _____ Yes _____ No
 Was the building originally designed for restaurant occupancy? _____ Yes _____ No
 If not, describe _____
 If the building was originally constructed prior to 1990, when was the roof last replaced? _____
 Roof Type: _____ Flat _____ Built-up _____ Metal Deck _____ UL221B or 110MPH Rated Shingle _____ Unknown _____ Other

Liquor Liability Coverage (if applicable) _____ N/A

Is a food menu available during all ours of liquor service? _____ Yes _____ No
 Has the applicant had any reported liquor liability claims or notification of potential liquor liability claims in the last five years? _____ Yes _____ No
 Has the applicant's liquor liability coverage ever been cancelled or non-renewed? _____ Yes _____ No
 Has the applicant had any fines, citations, or license suspensions or revocations for violations of liquor sales laws or ordinances? _____ Yes _____ No
 Are all servers certified in a formal alcohol training course (e.g., TIPS, TAM, RAMP, ServSafe, etc.)? _____ Yes _____ No
 In addition to use of a certified alcohol training course, does applicant have a written policy for serving alcohol? _____ Yes _____ No
 Does management review this written policy with servers on a regular basis? _____ Yes _____ No
 Is there a stand-alone bar/cocktail lounge unconnected to a restaurant? _____ Yes _____ No
 Does applicant have any alcohol consumption promotions/happy hours? _____ Yes _____ No
 If yes, describe promotions and how consumptions quantities are controlled _____
