CENCAL INSURANCE SERVICES

HOSPITALITY PROGRAM
BAR/TAVERN QUESTIONNAIRE

APPLICANT/PRODUCER _____/_____

OPS DESCRIPTION: ___ BAR-NO F00D ___ BAR WITH FOOD ___NIGHTCLUB ___ PERFORMANCE CLUB
___ DANCE CLUB ___ BEER/WINE ONLY ___ COUNTRY ___ SPORTS BAR/GRILL
___ NEIGHBORHOOD TAVERN ___ BUSINESS CROWD

SALES: BEER _____ ALCOHOL _____ FOOD _____

OF EMPLOYEES _____ # 0F STAFF AT CLOSING _____ ANNUAL PAYROLL: _____

0F BARTENDERS_____ COOKS_____ WAITPERSONS_____ OTHERS _____

FIRE REGS SEATING CAPACITY_____ # OF SEATS AT THE BAR _____

SQUARE FOOT: BLDG. LENGTH-WIDTH _____ x _____ CUSTOMER AREA _____

BANQUET R00MS _____; LAVATORIES _____;

KITCHEN _____; OFFICES _____; PATIOS_____ ;

DANCE FLOOR_____; STORAGE _____;

AVERAGE PRICE: BOTTLE BEER _____ DRAFT BEER: _____ / SERVING SIZE _____

BOUTIQUE BEER _____ WELL DRINK _____ CALL BRND _____

BUSINESS HOUR & DAYS:_____ OWNERS' SHIFT:_____

COMMENT REQUIRED ON ALL YES ANSWERS	***Y / N***
Any admission, cover or door charge?	_____a
Any card tables, billiards, darts, games ?	_____b
Ever cited for serving underage or over served?	_____c
Any Special Events, Happy Hours, etc?	_____d
Ever had a fight, shooting, stabbing on premises ?	_____e
Any weapons ever on the premises?	_____f
Ever filed for, or planning to file for bankruptcy ?	_____g
Less than 9 years experience in business?	_____h
Owe any past due premiums or taxes ?	_____i
Bar sales recorded and timed electronically?	_____j
Provide or hire valet parking services?	_____k
Within 1000 feet of adult entertainment?	_____l
Live or recorded music? (if live, type/size)	_____m
Any check cashing services?	_____n
Have a license for dancing?	_____o
Any ABC citations past 36 months?	_____p
Ever been sued from business operations?	_____q
Employ or contract security personnel?	_____r
Own any other business entities?	_____s
Formal Procedure for handling intoxicated patron?	_____t
Employees trained in CPR, Heimlich, TIPs?	_____u
Employees work references checked prior to hire?	_____v
Lottery Tickets sold on premises?	_____w
Operates on other than grade floor?	_____x
Amateur participation/Karaoke?	_____y
Any comics, magicians, or other acts?	_____z
Bar stools or chairs more than 10 years old?	_____1
Any off premises Catering Operations?	_____2

COMMENTS: _____

_____

_____

_____

ENCLOSURES: ___ PHOTO (Including Signs) ___ PLOT PLAN ___ SIGNED APP ___ 3 YR LOSS HIST
OTHER INFORMATION INCLUDED: Y / N

OWNER BELONGS TO WHAT COMMUNITY GROUPS _____
HOW LONG HAVE YOU KNOWN THIS APPLICANT _____
HOW LONG HAVE YOU PLACED THE INSURANCE _____
DRESS CODE OR PRESCRIBED UNIFORM FOR EMPLOYEES: Y / N _____
BEER/LIQUOR DISTRIBUTORS SPONSOR PROMOTIONS ON SITE: Y / N _____
OWNER DOES PURCHASING (Y / N) MONTHLY INVENTORY (Y / N) COST ANALYSIS (Y / N)
DESCRIBE TYPICAL CLIENTELE _____
WHAT ARRANGEMENTS EXIST FOR DANCING _____
Does Applicant Sub-Let any operation(s) _____
Describe automatic suppression system (mfg.)(wet/dry)etc.(covers,hoods,ducts,allsurfaces)(UL Listed)
(auto fuel cut-off-off) (deep-fryer thermal/high limit controls) _____
_____
Who cleans the extinguishing system? On What frequency_____
Who services the system for regular maintenance? On What Frequency _____
Describe how Used Oil and Grease are Disposed of: _____
_____
Does applicant have a safe on the premises? If YES describe _____
Describe any other fire or crime protection at the premises_____
Describe the exposures adjacent to the applicant_____
If applicant is not a sole occupant, what are the other occupancies? _____
Past Three (3) Years Carriers:

Building Construction is: _____ Age is: _____ # Exits: _____
Age of Wiring: _____ Age of Plumbing:_____ Age of Roof: _____
Building has how many floors: _____ Roof covering is what material:_____
APPLICANT SUPPLIERS FOR LIQUOR/BEER/FOOD:_____
_____
DATE YOU LAST VISITED THE PREMISES: _____
QUESTIONNAIRE COMPLETED BY: _____ DATE _____
ANSWERING FOR APPLICANT: _____ DATE _____

FREEHAND DIAGRAM OF THE PREMISES WITH APPROXIMATE DIMENSIONS