

INSURED INFORMATION

Name of Insured: _____ Effective Date: _____

1. Trip Advisor Rating ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. Hours of Operation: _____ to _____ Days of the week _____
3. Annual Revenue: _____ Year _____
 - a. On Premises Revenue: Food _____ Alcohol _____ Other _____ Total _____
 - b. Alcohol Sales %: Beer _____% Wine _____% Liquor _____% = 100%
4. Do you provide any catering/delivery services? ☐ Yes ☐ No
If Yes, please describe the extent of the services: _____

5. Is the owner active as the Manager? ☐ Yes ☐ No
6. Describe the Manager's duties and responsibilities: _____

7. Seating capacity: Dining Room _____ Bar _____ Patio _____ Total _____
8. Approximate age mix of customers: <25 yrs. _____%; 26 – 40 yrs. _____%; over 40 yrs _____% =100%
9. Number of bartenders: _____; Waitstaff _____; Security/Bouncers; _____
10. Minimum age of employees: _____
11. Live entertainment/DJ/Band? ☐ Yes ☐ No
If Yes, how many times a week? _____; Describe music type: _____
12. Is there other entertainment–i.e. pool table, darts, games of chance, playgrounds, bocce, karaoke, etc. in the restaurant? ☐ Yes ☐ No
13. Do you advertise or promote "Happy Hour" with drink discounts? ☐ Yes ☐ No
If Yes, please describe: _____
14. Drinks served: ☐ two at once ☐ by the pitcher ☐ over 24 oz. ☐ one at a time
15. Are all bartenders and all alcohol servers certified in a formal alcohol training course (TIPs Trained)? ☐ Yes ☐ No
16. Describe ID checking procedure: _____
17. Please describe the procedures in place for unruly, violent, intoxicated customers: _____

18. What actions are taken to prevent an intoxicated person from driving? _____
Any "Ride Home" or "Call a Cab" procedures in place? _____
19. Name on the liquor license: _____
20. How long has the applicant had a license for this location? _____
21. Have any liquor licenses held by applicant been suspended or revoked? ☐ Yes ☐ No
If Yes, please provide details: _____
22. Have any fines been paid, citations issued, or any protest/complaints/accusations been made against the applicant for serving alcohol? ☐ Yes ☐ No
If Yes, please provide details: _____



23. Does the license cover off premises sales of alcoholic beverages? ☐ Yes ☐ No
24. Is the applicant in compliance with all state requirements for the serving of alcoholic beverages? ☐ Yes ☐ No
25. Has applicant had any liquor liability claims at this location or other locations during the last 5 years? ☐ Yes ☐ No
If so, please provide details: _____
26. Does the applicant have any knowledge of potential liquor liability claims? ☐ Yes ☐ No
If Yes, please provide details: _____
27. Has the applicant ever been canceled or non-renewed for liquor liability insurance coverage? ☐ Yes ☐ No
28. Please attach 5 years of hard copy loss runs.

COOKING/KITCHEN

Cooking Equipment: (enter # of each)

_____ Broilers _____ Deep Fat Fryers _____ Grills _____ Hearth _____ Oven _____ Ranges

☐ Other _____ ☐ Other _____

Fuels used: (Mark all that apply)

☐ Charcoal ☐ Electric ☐ Gas ☐ Oil ☐ Wood ☐ Other: _____

PROTECTION

1. Is the kitchen equipped with an automatic extinguishing system? ☐ NA ☐ Yes ☐ No
Does this system cover all cooking and ventilation equipment? ☐ NA ☐ Yes ☐ No
Is this system UL 300/NFPA compliant? ☐ NA ☐ Yes ☐ No
Is this system equipped with automatic fuel shutoffs? ☐ NA ☐ Yes ☐ No
Does this system receive service at least every 6 months? ☐ NA ☐ Yes ☐ No
2. Is the cooking equipment equipped with remote manual fuel shutoffs? ☐ NA ☐ Yes ☐ No
3. Does the cooking equipment receive regular service? ☐ NA ☐ Yes ☐ No
Is the equipment serviced by an outside contractor? ☐ NA ☐ Yes ☐ No
4. Are the cooking areas equipped with non-combustible filters? ☐ NA ☐ Yes ☐ No
5. Is a cleaning of the hood and duct system performed at least every 6 months? ☐ NA ☐ Yes ☐ No
Is the hood and duct system cleaned by an outside contractor? ☐ NA ☐ Yes ☐ No
6. Is the kitchen equipped with UL listed grease extractors? ☐ NA ☐ Yes ☐ No
What is the frequency of cleaning of the grease extractors?
☐ Weekly ☐ Monthly ☐ Annually ☐ Other: _____
Are the grease extractors cleaned by an outside contractor? ☐ NA ☐ Yes ☐ No
7. Has all cooking equipment been upgraded within the last 10 years? ☐ NA ☐ Yes ☐ No
If Not, please provide what updates have been completed: _____
8. Is the refrigeration equipment protected by temperature monitors/alarms? ☐ NA ☐ Yes ☐ No
9. Does the Applicant have generators in place to protect the stock in the event of a power outage? ☐ NA ☐ Yes ☐ No
10. Does the Applicant possess a maintenance agreement on refrigeration equipment? ☐ NA ☐ Yes ☐ No
11. Is the Brew Pub located on: ☐ One floor ☐ Multiple floors
12. Is the basement used for cooking and/or storage? ☐ NA ☐ Yes ☐ No
13. Does the applicant regularly inspect all food and ingredients as they come into the restaurant? ☐ NA ☐ Yes ☐ No
14. Does the applicant use any reduced oxygen packaging methods? (i.e. Sous-Vide) ☐ Yes ☐ No
15. Does the applicant have a HACCP plan in place? ☐ Yes ☐ No



GENERAL LIABILITY

1. Does the Applicant perform regular sweeping/mopping and/or floor inspections? ☐ Yes ☐ No
Are logs kept for all cleaning operations? ☐ Yes ☐ No
2. Is there a sanitation manager employed with proper hygiene procedures established? ☐ Yes ☐ No
3. Does the Applicant contract pest control services? ☐ Yes ☐ No
4. Does the Applicant contract snow/ice removal? ☐ Yes ☐ No
5. Does the Applicant receive a Certificate of Insurance from all contractors doing:
 - a. Maintenance of automatic extinguishing systems including sprinklers ☐ Yes ☐ No
 - b. Maintenance of hood/duct/filtering systems ☐ Yes ☐ No
 - c. Cleaning/Maintenance of grease traps ☐ Yes ☐ No
 - d. Refrigeration maintenance ☐ Yes ☐ No
 - e. Pest Control ☐ Yes ☐ No
 - f. Ice/snow removal ☐ Yes ☐ No
 - g. All other maintenance or contractor work ☐ Yes ☐ No
 - h. All suppliers ☐ Yes ☐ No
6. Does the Applicant package, repackage, or label any items for sale? ☐ Yes ☐ No
If Yes, please describe: _____
7. Is there adequate means of egress from the Brew Pub, kitchen and the basement? ☐ Yes ☐ No
8. Do you lease your facility for wedding, parties or corporate events? ☐ Yes ☐ No
If Yes, how much revenue do you generate from leasing out the facility? _____

VALET PARKING

1. Do you offer valet parking services? ☐ Yes ☐ No

WORKERS' COMPENSATION (Complete if you are requesting a WC quote)

1. Number of full-time employees: _____ Number of part-time employees: _____
2. Do you have a formal selection/hiring process in place? ☐ Yes ☐ No
3. Do you offer health benefits to full-time employees? ☐ Yes ☐ No
4. What is the employee turnover percentage on an annual basis? _____%
5. Does management have a commitment to safety along with a safety person, a safety committee and a formal accident investigation process? ☐ Yes ☐ No
If Yes, please explain: _____
6. Do you have a formal written safety program in place and provide ongoing training? ☐ Yes ☐ No
7. Is training provided for the following?:
Material handling? ☐ Yes ☐ No Maximum weight lifted? _____ lbs.
Knife safety and use (kitchen)? ☐ Yes ☐ No
Personal protective equipment provided and trained in its use? ☐ Yes ☐ No
Kitchen equipment and appliances? ☐ Yes ☐ No
Hazardous material (cleaning chemical) handling? ☐ Yes ☐ No
8. Do you have a return to work program? ☐ Yes ☐ No

Applicant's Signature: _____

Title: _____ **Date:** _____