



Restaurant/Café Supplemental Questionnaire

Name of Applicant: _____

1. Any prior coverage? Yes No
If so, forward loss runs for the last 5 years.
2. Number of years in this type of business: _____
3. Number of years the business has been in operation: _____
4. Hours of Operation: _____ to _____
5. Number of days business is opened per week: _____
6. Type of food served: _____
7. What percent of food is deep fried? _____
8. What percent of sales are from alcohol? _____
9. Are mats used to prevent slip and fall injuries? Yes No
10. Does the insured offer a delivery service? Yes No
If yes, maximum radius of travel: _____
11. Does the insured offer tableside cooking? Yes No
12. Does the insured have a safety program in place? Yes No
13. Does the insured have an employee training program? Yes No
14. Are proper lifting techniques instructed to employees? Yes No
15. Are cutting machines properly guarded to prevent cuts to the operator? Yes No

Signature of Applicant

Date