

MIDROX RESTAURANT QUESTIONNAIRE

Applicant: _____ Date _____

Contact Person: _____ Phone: (____) _____

GENERAL INFORMATION:

Present / Prior Carrier: _____

Coverage canceled or non-renewed: () Yes () No (If yes, state reason) _____

BUILDING INFORMATION:

Age of Building: _____ Number of Stories: _____ Does Applicant own Bldg: _____

Number of Occupancies in Bldg: _____ Mercantile: _____ Apartments: _____

Any Rooms for Rent: () Yes () NO If Yes, how many: _____

Any Outside Patios, Decks, or Picnic Areas: () Yes () No If yes, Square Footage: _____

Any Waterfront Exposure: () Yes () No If Yes, please describe: _____

Fire Protection Class: _____ Is Bldg Sprinklered: () Yes () No

OCCUPANCY: (describe each occupancy in bldg by floor)

FLOOR	OCCUPANCY	AREA OF EACH	%VACANT
() Basement	_____	_____	_____
() 1 st Floor	_____	_____	_____
() 2 nd Floor	_____	_____	_____
() 3 rd Floor	_____	_____	_____

ADJACENT EXPOSURES: (Describe construction type, number of stories and occupancy)

Left _____ Distance _____

Right _____ Distance _____

Rear _____ Distance _____

How many yrs experience: _____ Yrs at present location: _____

Annual Gross Receipts \$ _____ % Food _____ %Alcohol _____

What type and extent of cooking: _____

Is there take out service: () Yes () No If yes % of sales as take-out: _____

Business hours: _____ to _____ Day of the week: _____ Open yr round: () Yes () No

Annual payroll: _____ Number of employee's _____ Full time _____ Part time _____

Parking Lot: () Yes () No Area: _____ Lighted () Yes () No Condition () Good () Fair () Poor

Live entertainment: () Yes () No Number of times/nights per week _____

Describe nature of entertainment: _____

Is dancing permitted: () Yes () No If yes, size of the dance floor: _____ sq. foot

Are there any bouncers/doormen () Yes () No If yes, the total number: _____

Any Sports activities on the premises: () Yes () No If Yes, please explain _____

Approximate age mix of customers:

_____ % 23 yrs & younger _____ % 24-29 yrs _____ % 30-35 yrs _____ % 36-50 _____ % 51 yrs & over

Is this risk currently for sale or under consideration of being sold: () Yes () No

Is this risk currently being remodeled or renovated: () Yes () No

Construction: (If mixed give % of each)

Frame _____% Brick _____% Concrete Block _____% Other _____

ELECTRICAL SYSTEM: Age _____ Date last updated by a electrician _____

Is System: () Fused () Circuit Breakers () Combination of both

Condition of system appears to be: () Excellent () Good () Fair () Poor

HEATING SYSTEM: Age _____ Date last updated by contractor _____

Fueled by (one or more) () Gas () Oil () Electric () Bottled gas () Wood

Type (one or more) () Forced air () Radiators () Baseboards Units () Space Heaters

Air Conditioning () None () Central () Window Unit(s) () Through Wall

Condition of system appears to be: () Excellent () Good () Fair () Poor

KITCHEN: Is there a Kitchen? () Yes () No

COOKING DEVICES	FUELED BY:			IS COOKING DEVICE UNDER A HOOD?		IS A FIRE SUPPRESSION SYSTEM INSTALLED?	
	NONE	GAS	ELECTRIC				
GRILL	()	()	()	() Yes	() No	() Yes	() No
DEEP FRYER	()	()	()	() Yes	() No	() Yes	() No
BROILER	()	()	()	() Yes	() No	() Yes	() No
RANGE / OVEN	()	()	()	() Yes	() No	() Yes	() No
OTHER	()	()	()	() Yes	() No	() Yes	() No

Manufacturer of Fire Suppression System (if any) _____

Automatic Gas or Electric shut-off for cooking? () Yes () No

Manual pull chain for extinguishing system? () Yes () No

Semi-Annual cleaning service for extinguishing system () Yes () No

Hood and filters cleaned bi-monthly? () Yes () No

OTHER COMMENTS, CONDITIONS OR REMARKS? _____

THIS RESTAURANT PACKAGE POLICY DOES NOT PROVIDE LIQUOR LIABILITY COVERAGE

Applicant acknowledges the he / she is aware that the package policy applied for herein does not provide liquor law liability coverage.

APPLICANTS SIGNATURE _____ DATE _____

MIDROX INSURANCE COMPANY
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