

BAR Questionnaire

****Named Insured**

****Mailing Address:**

****Premise Address:**

****Phone**

Fax

****Yrs in business/experience**

****Bus Property coverage needed - \$**

****Business Income needed-\$**

****Year Built**

****# Stories**

****Construction Type**

****Square footage ENTIRE BUILDING**

****Square footage of patron area (include patio, etc)**

****Liquor license#**

**** Payroll**

****#Employees**

Total bartenders

#Waiters

****Sprinklered?**

****Alarms?**

Total food sales-

Total alcohol sales-

All alcohol or beer/wine?

What kind of food is served?

Cover Charge?

Nights/Days per week bar is open

Type of entertainment

Any amusement devices? (juke box, video games, pool tables, etc)

Dancing?

Square footage of floor

nights per week

House of operation:

Any bouncers?

What are they there for?

nights per week

Are they employed by you?

Last call called?

What time?

What is done with drunk clients?

Any prior liquor violations?

Valet parking?

Cooking facilities?

Automatic fire suppression equipment over cooking area?

How often are flutes cleaned?

Parking situation/square footage

Alarmed?

Any prior losses?

Must order 3 years prior loss history from current agent