

**CENTURY SURETY COMPANY**  
**Restaurant/Bar/Tavern/Nightclub Supplemental Questionnaire**  
**(Complete in addition to Acord Application)**

1. **INSURED** \_\_\_\_\_

2. **GENERAL INFORMATION:**

Number of years in this type of business: \_\_\_\_\_ Number of years this business has been in operation: \_\_\_\_\_

Business Hours \_\_\_\_\_ to \_\_\_\_\_ Number of days business is open per week: \_\_\_\_\_

- |  |            |           |  |            |           |
|--|------------|-----------|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|--|------------|-----------|
- a. Bouncers?  **Yes**  **No** Days Per Week \_\_\_\_\_ If yes are armed?  **Yes**  **No**  
 If bouncers used are they ever off duty police officers?  **Yes**  **No**
- b. Pool Tables?  **Yes**  **No** Days Per Week \_\_\_\_\_
- c. Mechanized Device (i.e. Riding Bull, etc.)  **Yes**  **No**  
 If yes: \_\_\_\_\_
- d. Clientele Age:  18 - 25  25 - 35  Over 35 Years  Over 50 Years
- e. Live Bands?  **Yes**  **No** Days Per Week \_\_\_\_\_ Female Reviews?  **Yes**  **No** Days Per Week \_\_\_\_\_  
 Dancers?  **Yes**  **No** Days Per Week \_\_\_\_\_ Male Reviews?  **Yes**  **No** Days Per Week \_\_\_\_\_  
 Dance Floor?  **Yes**  **No** Days Per Week \_\_\_\_\_ Disc Jockey?  **Yes**  **No** Days Per Week \_\_\_\_\_  
 If yes, is it elevated?  **Yes**  **No**  
 If it is elevated, are there handrails?  **Yes**  **No**  
 Are the stairs properly marked and lighted  **Yes**  **No**
- g. Does the insured have or allow mosh/moshing pit, stage diving or crowd surfing?  **Yes**  **No**
- h. Does management ever allow the use of any type of pyrotechnics?  **Yes**  **No**
- i. Does the insured offer any type of menu item in which the presentation of that menu item involves flames/fire?  
 Example would be flaming drinks, appetizers, etc.?  **Yes**  **No**  
 If yes, please describe \_\_\_\_\_
- j. Does the insured have or allow employees to do any type of bar top dancing or table top dancing?  **Yes**  **No**  
 ▪ If yes, do they use any type of fire or pyrotechnics? (This would include but is not limited to lighting alcohol as part of the presentation)  **Yes**  **No**  
 If yes, please describe \_\_\_\_\_  
 ▪ Does this bar top or table top dancing ever involve patrons/customer participation?  **Yes**  **No**  
 If yes, please explain: \_\_\_\_\_
- k. Does the insured have a web site?  **Yes**  **No**  
 a. If yes, please furnish the URL address to that website \_\_\_\_\_
- l. Has the insured ever had an assault and battery claim?  **Yes**  **No**  
 If "Yes" please give details: \_\_\_\_\_

3. **FILL IN FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:**

a. Fiscal Dates (month & year)	_____	_____	_____
b. Beer, Wine & Liquor Sales	\$ _____	\$ _____	\$ _____
c. Food Sales	\$ _____	\$ _____	\$ _____
d. Total	\$ _____	\$ _____	\$ _____
e. Cover Charge	\$ _____	\$ _____	\$ _____

NAME OF PERSON TO CONTACT FOR FINANCIAL RECORDS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

4. **PROPERTY COVERAGE INFORMATION**

- a. Distance from nearest: Responding Fire Station \_\_\_\_\_ miles      Fire Hydrant \_\_\_\_\_ feet
- b. Year built \_\_\_\_\_ Number of stories \_\_\_\_\_ Construction  Frame  Other \_\_\_\_\_
- c. Total square footage of building \_\_\_\_\_
- d. Fire Extinguishers:  Yes  No How many? \_\_\_\_\_ Serviced & Tagged within the past year?  Yes  No
- e. Last date for update of following (show NA if not updated):  
 Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical system: \_\_\_\_\_ HVAC: \_\_\_\_\_  
 Central station fire or burglary alarm: \_\_\_\_\_ Central station fire: \_\_\_\_\_
- f. Sprinkler system  Yes  No If yes % of square footage covered by sprinkler \_\_\_\_\_
- g. Type of wiring:  Copper  Aluminum Type of roof: \_\_\_\_\_

**5. COOKING HAZARD QUESTIONNAIRE**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Is any type of cooking done on premises (please circle if microwave cooking ONLY)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?<br>Type of system: <input type="checkbox"/> Wet Chemical (UL 300 Approved) <input type="checkbox"/> Dry Chemical | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Semi-annual service contract for auto extinguishing system?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Automatic gas or electric shut off for cooking with manual pull?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are hoods and ducts equipped with filters?  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are filters cleaned at a MINIMUM of every six months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are hoods and ducts cleaned at a MINIMUM of every six months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are portable fire extinguishers mounted and accessible to cooking areas?  | <input type="checkbox"/> | <input type="checkbox"/> |

**6. GENERAL LIABILITY INFORMATION**

- a. Number of Employees: Managers: \_\_\_\_\_ Bartenders: \_\_\_\_\_ Waiter/Waitresses: \_\_\_\_\_ Security/Bouncers: \_\_\_\_\_
- b. Area of: Parking Lot \_\_\_\_\_ square feet Is applicant responsible for care/maintenance of lot?  Yes  No
- c. Surface of parking lot:  Gravel  Concrete  Asphalt  No Parking  Other \_\_\_\_\_
- d. Number of Exits: \_\_\_\_\_ Are all exits marked with exit signs?  Yes  No
- e. Are all exits equipped with panic door hardware?  Yes  No  
If "No", are all exits kept unlocked during business hours?  Yes  No
- f. What is the building's legal capacity as established by fire marshal or fire department? \_\_\_\_\_ persons.

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery
- b. Liquor Liability

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producers Signature: \_\_\_\_\_

**CENTURY SURETY COMPANY**  
**Convenience Store (with or without Gasoline Sales) Supplemental Questionnaire**  
**(Complete in addition to Acord Application)**

1. **INSURED** \_\_\_\_\_

2. **LOCATION ADDRESS:** \_\_\_\_\_

3. **GENERAL INFORMATION:**

Number of years in this type of business: \_\_\_\_\_ Number of years in operation at this location: \_\_\_\_\_

Business Hours \_\_\_\_\_ to \_\_\_\_\_ Number of days the business is open per week: \_\_\_\_\_

- a. Does the store sell the following items? **Yes** **No**
- |   |                          |                          |                       |
|---|--------------------------|--------------------------|-----------------------|
| Fireworks                                       | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Firearms and/or ammunition                      | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Gasoline, Diesel, or Kerosene Fuel              | <input type="checkbox"/> | <input type="checkbox"/> | Number of pumps _____ |
| LPG (liquid petroleum gas) tank filling         | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| By Employee or Customer? _____                  |                          |                          |                       |
| LPG (liquid petroleum gas) tank swapping?       | <input type="checkbox"/> | <input type="checkbox"/> | Number of tanks _____ |
| Are there protective barriers around the tanks? | <input type="checkbox"/> | <input type="checkbox"/> |                       |
- b. Any auto repair or service operation?
- c. Any car wash operation on the premises?
- Attached or  Detached? Area (sq. ft.) of car wash \_\_\_\_\_
- Fully Automated or  Self – Service Number of bays \_\_\_\_\_
- d. Are alcoholic beverages consumed on the premises?
- e. Will store cash checks for a fee?
- f. Any video rental operation on the premises?
- g. Total area (square footage) of building \_\_\_\_\_
- Area of Convenience Store \_\_\_\_\_ Storage area \_\_\_\_\_ Attached Car Wash area \_\_\_\_\_
- Area of deli, snack bar, or restaurant \_\_\_\_\_ (Also answer question in Section 5 - Cooking Hazard Questionnaire)
- Area of Apartment unit(s) \_\_\_\_\_ Number of units \_\_\_\_\_ (Also answer questions on the Habitational Supplement CSL 7021)
- Area leased to others \_\_\_\_\_ Describe type of operation \_\_\_\_\_
- h. Are there any security guards on the premises?  Yes  No
- If yes, number of unarmed \_\_\_\_\_ armed \_\_\_\_\_

4. **FILL IN FINANCIAL INFORMATION FOR THE PAST YEAR AS REQUESTED BELOW:**

- |                                   |          |
|-----------------------------------|----------|
| a. Fiscal Date (month & year)     |          |
| b. Liquor Sales                   | \$ _____ |
| c. Food Sales (grocery and dairy) | \$ _____ |
| d. Tobacco Sales                  | \$ _____ |
| e. Fuel Sales                     | \$ _____ |
| f. Gross Annual Income and Sales  | \$ _____ |

5. **PROPERTY COVERAGE INFORMATION**

- a. Are there protective barriers/poles around the fuel pumps?  Yes  No  NA
- b. Fire Extinguishers:  Yes  No How many? \_\_\_\_\_ Serviced & Tagged within the past year?  Yes  No
- c. Alarm and Security systems:
- Burglary alarm  Yes  No
- If yes, Central station  or Local gong  UL Cert No. \_\_\_\_\_
- Does it include Interior Motion Detection Devices that protect the **entire** building?  Yes  No
- Does the cashier have a panic button direct to the police or alarm company?  Yes  No
- Is there a surveillance camera on the premises?  Yes  No
- Fire alarm  Yes  No If yes, Central Station  or Local gong
- Smoke alarm  Yes  No

- d. Type of wiring:  Copper  Aluminum
- e. Any wood-burning devices on the premises?  Yes  No
- f. Type of roof: \_\_\_\_\_  
Roofing Material(s) \_\_\_\_\_ Any wood shingles?  Yes  No
- g. **Values:** Our policy does not provide Blanket coverage. Show NA if not applicable.

	Building # 1	Building # 2	Building # 3	Contents (excluding EDP)
C-Store Building	_____	_____	_____	_____
Warehouse Building	_____	_____	_____	_____
Freestanding Kiosk	_____	_____	_____	_____
Car Wash Building	_____	_____	_____	_____
Fuel Pumps (no tanks)	_____	_____	_____	<b>Excluded per form</b>
Detached Canopy	_____	_____	_____	<u>NA</u>
Detached Sign	_____	_____	_____	<u>NA</u>
Detached Awning	_____	_____	_____	<u>NA</u>

**6. COOKING HAZARD QUESTIONNAIRE**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Is any type of cooking done on premises?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of cooking:   |                          |                          |
| <input type="checkbox"/> Microwave <input type="checkbox"/> Pizza Oven <input type="checkbox"/> Grill <input type="checkbox"/> Fryer <input type="checkbox"/> Deli |                          |                          |
| <input type="checkbox"/> Fast Food Restaurant (Also answer questions on the Restaurant Supplement CSL 7003)  |                          |                          |
| b. UL approved auto extinguishing system over <b>ALL</b> cooking surfaces and deep fryers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of system: <input type="checkbox"/> Wet Chemical (UL 300 Approved) <input type="checkbox"/> Dry Chemical  |                          |                          |
| c. Semi-annual service contract for auto extinguishing system?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <b>Automatic</b> gas or electric shut off for cooking with manual pull?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are hoods and ducts equipped with filters?  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are filters cleaned at a MINIMUM of every six months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are hoods and ducts cleaned at a MINIMUM of every six months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are portable fire extinguishers mounted and accessible to cooking areas?  | <input type="checkbox"/> | <input type="checkbox"/> |

**6. GENERAL LIABILITY INFORMATION**

- a. Area of Parking Lot: \_\_\_\_\_ square feet  
Is applicant responsible for care/maintenance of lot?  Yes  No
- b. Surface of parking lot:  Gravel  Concrete  Asphalt  No Parking  Other \_\_\_\_\_
- c. Number of Exits: \_\_\_\_\_ Are all exits marked with exit signs?  Yes  No
- d. Are all exits equipped with panic door hardware?  Yes  No  
If "No", are all exits kept unlocked during business hours?  Yes  No
- e. Any weapons or firearms on the premises?  Yes  No
- f. Have there been any health or safety violations?  Yes  No

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery
- b. Liquor Liability

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Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Producers Signature: \_\_\_\_\_