

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: _____

- | | |
|--|--|
| <p>a. Bouncers? Yes No
 <input type="checkbox"/> <input type="checkbox"/> Days Per Week _____
 If bouncers used are they ever off duty police officers?
 <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Pool Tables? <input type="checkbox"/> <input type="checkbox"/> Days Per Week _____</p> <p>c. Mechanized Device (i.e. Riding Bull, etc.)
 If yes: _____
 <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Clientele Age: <input type="checkbox"/> 18 - 25 <input type="checkbox"/> 25 - 35 <input type="checkbox"/> Over 35 Years <input type="checkbox"/> Over 50 Years</p> <p>e. Live Bands? <input type="checkbox"/> <input type="checkbox"/> Days Per Week _____ Female Reviews? <input type="checkbox"/> <input type="checkbox"/> Days Per Week _____
 Dance Floor? <input type="checkbox"/> <input type="checkbox"/> Days Per Week _____ Male Reviews? <input type="checkbox"/> <input type="checkbox"/> Days Per Week _____
 Dancers? <input type="checkbox"/> <input type="checkbox"/> Days Per Week _____ Disc Jockey? <input type="checkbox"/> <input type="checkbox"/> Days Per Week _____
 Does management ever allow the use of pyrotechnics? <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Other Types of Entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No If _____ yes _____ :</p> | <p>Yes No
 <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> Days Per Week _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Days Per Week _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Days Per Week _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Days Per Week _____</p> |
|--|--|

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?
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/Binders:_____
- 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:_____