



**Red Shield Insurance Company®**

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**RESTAURANT / LIQUOR  
SUPPLEMENTAL QUESTIONNAIRE**

<b>APPLICANT'S NAME</b>	<b>POLICY NO.</b>
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(NAME OF RISK TO WHICH THIS SECTION ATTACHES)

**BUSINESS OPERATIONS:**

DESCRIPTION / TYPE OF RESTAURANT		TABLE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF YEARS AT THIS LOCATION UNDER CURRENT OWNERSHIP		YRS
PRIOR RELATED EXPERIENCE		
HOURS OF OPERATION?	DAYS?	
IS THERE A SEPARATE BAR OR LOUNGE? (See Liquor Liability Questionnaire on Page 2) <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES:	AREA OF BAR OR LOUNGE	SQ. FT.
	EATING AREA	SQ. FT.
ENTERTAINMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DANCE FLOOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES:	DESCRIBE	

**FIRE PROTECTION:**

MEET NFPA 96 STANDARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEET UL 300 STANDARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE AUTOMATIC EXTINGUISHING SYSTEM PROTECT <b>ALL</b> :	
COOKING SURFACES <input type="checkbox"/> YES <input type="checkbox"/> NO	EXHAUST DUCTWORK <input type="checkbox"/> YES <input type="checkbox"/> NO
DEEP FAT FRYERS <input type="checkbox"/> YES <input type="checkbox"/> NO	HOODS <input type="checkbox"/> YES <input type="checkbox"/> NO
DO ALL DEEP FAT FRYERS HAVE HIGH LIMIT SWITCHES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS A WET CHEMICAL FIRE SUPPRESSION SYSTEM USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE EXTINGUISHING SYSTEM EQUIPPED WITH AUTOMATIC FUEL SHUTOFF AND EASILY ACCESSIBLE MANUAL RELEASE CONTROLS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST THE BRAND NAME	AGE OF THE SYSTEM?
IS THERE AN INSPECTION / MAINTENANCE AGREEMENT FOR THE SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTRACTOR	INSPECTION FREQUENCY
IS THERE A MAINTENANCE AGREEMENT TO CLEAN THE HOOD AND DUCTWORK? <b>YES</b> <b>NO</b>	
CONTRACTOR	CLEANING FREQUENCY
ARE THE HOODS, DUCTS, FILTERS, DEEP-FAT FRYERS AND FANS REGULARLY CLEANED BY INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**GENERAL INFORMATION:**

WAS THE BUILDING ORIGINALLY BUILT AS A RESTAURANT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, DESCRIBE ORIGINAL USE		
IS SMOKING ALLOWED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, DESCRIBE CONTROL OF THE HAZARD AND METHOD FOR DISPOSAL OF ASHTRAY CONTENTS		
ARE DUMPSTERS PROPERLY LOCATED AWAY FROM THE BUILDING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMMENTS:		

**COVERAGE OFFERED ONLY FOR LIQUOR RECEIPTS LESS THAN 50% OF TOTAL RECEIPTS:  
MONO LINE LIQUOR COVERAGE IS NOT AVAILABLE**

**BUSINESS OPERATIONS:**

DOES APPLICANT HAVE A LIQUOR LICENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHAT NAME IS ON THE LICENSE?		
TYPE OF CUSTOMERS (Families, Students, Professional, Military, Blue Collar)		
ANY OFF-PREMISES EVENTS?		
ANY CATERING, BANQUET EVENTS?		
SEATING CAPACITY:	DINING ROOM	
	BAR AREA	

**REGULATORY REQUIREMENTS:**

HAS LIQUOR LICENSE EVER BEEN DENIED OR CANCELED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IN THE PAST 5 YEARS, HAS APPLICANT HAD ANY LIQUOR LIABILITY, ASSAULT OR BATTERY CLAIMS OR INCIDENTS THAT MIGHT GIVE RISE TO SUCH A CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF SO, DESCRIBE		
WITHIN PAST 5 YEARS, HAS APPLICANT BEEN FINED OR CITED FOR ANY ALCOHOL-RELATED VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, DESCRIBE		
WITHIN PAST 5 YEARS, HAS APPLICANT HAD LIQUOR LICENSE SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES APPLICANT REQUIRE THAT ALL PERSONS SERVING OR SELLING ALCOHOL BE CERTIFIED BY A FORMAL AWARENESS TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES APPLICANT HAVE PROCEDURES IN PLACE TO REGULATE THE SALE OF ALCOHOL TO INTOXICATED CUSTOMERS OR MINORS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE EMPLOYEES PERMITTED TO CONSUME ALCOHOL ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHILE ON JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	AFTER SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE EMPLOYEES REQUIRED TO CHECK AGE IDENTIFICATION OF CUSTOMERS WHO APPEAR TO BE UNDER THE AGE OF 21? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**SALES:**

PROVIDE ANNUAL SALES BREAKDOWN FOR THE PAST 3 YEARS:

YEAR	ALCOHOL	FOOD	OTHER	TOTAL
Current Year				
Prior Year				
Next Prior Year				

TYPE OF ALCOHOL SOLD:            Beer            %                    Wine            %                    Mixed Drinks            %

COMMENTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

***The applicant, agent and/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.***

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This form shall be attached to, and made part of, the fully completed Acord application by the applicant.