

Restaurant Supplemental Risk Questionnaire

1.	Legal name:									
2.	Type of busin	ess: Fai	mily-style	Fast	food	Diner	Microbre	wery		
		Fir	e dining	Buffe	et	Take-out	Other			
3.	Payroll and premium information for the current year and last three (3) years:									
	Year		P	Payroll		Premium				
	Current:									
	1 st Prior:									
	2 nd Prior:									
	3 rd Prior:									
4.	Location of th	ne restaurant:		Stand-alon	e building	Atta	iched to, or w	ithin, hotel/m	otel	
	In an enclosed mall			Strip shopp	ing center	Oth	er			
5.	Hours of operation:									
	Open / Close (XX:X			/ XX:XX xm)		Open / Close	(XX:XX xm / X	X:XX xm)		
	Monday		- •	•	Friday					
	Tuesday				Saturday					
	Wednesday				Sunday					
	Thursday				,	I .				
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6.	Average entrée price: Percent food receipts:						%			
7.	Bar or separat	te lounge are	a: Yes	No	If yes, _I	percent of lique	or receipts:		%	
8.	Entertainmen	it: Ye:	s No							
	If yes, provide	details (i.e. liv	e music, dan	cing, exotic, k	araoke, etc	.):				
				5						
9.	Number of: Ho		sts Wai		t staff Barter		enders			
٥.	Number of:									
		Bu	sboys	Cod	oks					
10.	Are employees required to provide or perform anything out of the ordinary (i.e. roller skating wait staff)?									
	Yes	No								
11.	Are there any	of the follow	ring?	Bouncers	Securi	ty guards	Doormer	ı ID ched	ckers	
	If yes, are they:		Inside	Inside Out		side, Armec		ed Unarmed		



Restaurant Supplemental Risk Questionnaire (cont.)

12.	Any off-premises catering?	Yes	No								
	If yes, radius of operations (miles):	Percent of exposure:				%	%				
	Number of vehicles:	Number of catering employees:									
13.	Any delivery? Yes	No									
	If yes, radius of operations (miles):			Percen	t of expo	sure:		%	%		
	Number of vehicles:	Number of catering employees:									
14.	Are MVR's checked on catering ar	es?		Yes	No						
	If yes, how often?										
15.	Any valet parking services provid	ed?	Yes	No							
	If yes, are valet parking attendants	required	to have a val	lid U.S. dı	river's lice	ense?		Yes	5	No	
16.	What is the minimum age for all drivers, including any valet parking attendants?										
17.	Have there been any employee-to	o-employ	ee violence	claims?		Yes	No				
	If yes, provide details:										
18.	Have there been any theft or rob	oery clain	ns?	Yes	No						
	If ves. provide details:										

To the best of my knowledge, all of the information I have given about my business is true and correct.

Officer or Owner of Business

Date