

Restaurant Supplemental Risk Questionnaire

1. Legal name:

2. Type of business: Family-style Fast food Diner Microbrewery
 Fine dining Buffet Take-out Other

3. Payroll and premium information for the current year and last three (3) years:

| Year | Payroll | Premium |
|------------------------|---------|---------|
| Current: | | |
| 1 st Prior: | | |
| 2 nd Prior: | | |
| 3 rd Prior: | | |

4. Location of the restaurant: Stand-alone building Attached to, or within, hotel/motel
 In an enclosed mall Strip shopping center Other

5. Hours of operation:

| | Open / Close (XX:XX xm / XX:XX xm) | | Open / Close (XX:XX xm / XX:XX xm) |
|-----------|------------------------------------|----------|------------------------------------|
| Monday | | Friday | |
| Tuesday | | Saturday | |
| Wednesday | | Sunday | |
| Thursday | | | |

6. Average entrée price: Percent food receipts: %

7. Bar or separate lounge area: Yes No *If yes, percent of liquor receipts:* %

8. Entertainment: Yes No

If yes, provide details (i.e. live music, dancing, exotic, karaoke, etc.):

9. Number of: Hosts Wait staff Bartenders
 Busboys Cooks

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 following? Bouncers Security guards Doormen ID checkers
If yes, are they: Inside Outside, Armed Unarmed

