

# MID-CONTINENT INSURANCE COMPANY

## RESTAURANT / TAVERN QUESTIONNAIRE Gateway/Pennsy Underwriters Inc.

Note: If your operations include "UNDER 21" Nights, please also complete the "UNDER 21" QUESTIONNAIRE.

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

**Mailing Address:** \_\_\_\_\_

**Location:** \_\_\_\_\_

1. Tavern/Restaurant \_\_\_\_\_ sq.ft. Seating Capacity \_\_\_\_\_ Largest Room \_\_\_\_\_ sq.ft.

Describe Type of Operation \_\_\_\_\_

Seasonal: Y N Period from \_\_\_\_\_ to \_\_\_\_\_ Banquet Facilities? Y N Catering? Y N

Roof Type: Flat \_\_\_\_\_ Pitched \_\_\_\_\_ Other \_\_\_\_\_ Location of Public Restrooms (Floor) \_\_\_\_\_

OTHER OCCUPANCIES	DESCRIBE	SQ. FT.	# OF APTS
FLOOR #1			
FLOOR #2			

Parking Area: Lot \_\_\_\_\_ sq. ft. Lighted? Y N Valet? Y N

3. Total Annual Receipts Incl. Alcohol \$ \_\_\_\_\_ Annual Alcohol Receipts only \$ \_\_\_\_\_

4. Total Annual Payroll? \_\_\_\_\_ Total number of Employees? \_\_\_\_\_

5. Hours of Operation? From \_\_\_\_\_ to \_\_\_\_\_ Days per week \_\_\_\_\_ Busiest Hours \_\_\_\_\_

6. Patronage type? By percentage: Under Age 30 \_\_\_\_\_ Over Age 30 \_\_\_\_\_ Family \_\_\_\_\_

7. Owner or Member of Family Live on Premises? Y N If yes, Homeowner Policy No. \_\_\_\_\_

8. Security or Bouncer? Y N If so, Details of Duties \_\_\_\_\_

9. Weapons on Premises? Y N Describe \_\_\_\_\_

10. Entertainment? Y N Type \_\_\_\_\_ Frequency \_\_\_\_\_

Dancing Allowed? Y N Gambling or Amusement Devices? Y N Type \_\_\_\_\_

11. Sponsor Teams or Events: Y N Please provide full details of your sponsorship, on the back of this form.

12.	COOKING DEVICE	FUEL		PROTECTION		AUTO EXTINGUISHER	
	TYPE	GAS	ELECTRIC	HOOD	NO HOOD	YES	NO
	GRILL						
	DEEP FRY						
	BROILER						
	RANGE/OVEN						

13. Automatic Extinguisher Contract? \_\_\_\_\_ Filter Cleaning Contract? \_\_\_\_\_

14. How long operating at this location? \_\_\_\_\_ If not yet operating, when is opening? \_\_\_\_\_

Years experience in business? \_\_\_\_\_ Type of past experience? \_\_\_\_\_

Is this business for sale? \_\_\_\_\_ Is this building for sale? \_\_\_\_\_

15. Is the applicant other than an individual or sole proprietorship? Y N . If yes, List the names and addresses of: Corporate Shareholders; Trustees or Beneficiaries; Partners or Limited Partners

NAME	ADDRESS	POSITION	INTEREST %

PLEASE PUT ANY ADDITIONAL INFORMATION ON REVERSE SIDE.

AGENCY \_\_\_\_\_ DATE \_\_\_\_\_