

**MARKEL INSURANCE COMPANY
RESTAURANT QUESTIONNAIRE**

Applicant: _____ Policy #: _____

BUSINESS/OPERATIONS

1. If applicant is not an individual or sole proprietorship, name principals: _____
2. Number of years under current ownership and management, this location: _____
3. What are the gross sales for past 3 years?

	20 _____	Food	\$		Liquor	\$
	20 _____	Food	\$		Liquor	\$
	20 _____	Food	\$		Liquor	\$

(If the insured has any liquor sales, please complete the Liquor information supplement attached)
4. What are the hours of operation? _____
5. Is the business seasonal? Yes No
6. Is there a separate bar or lounge? Yes No
 If separate, are all restrooms on same floor level as bar or lounge? Yes No
 Area of bar or lounge: _____ Area of eating area: _____
7. Is there entertainment or amusement devices? Yes No
 If yes, describe fully, including type, average number of people involved and frequency per month: _____
- Is there a bouncer? Yes No
8. Is there a dance floor? Yes No
9. Are you personally acquainted with the applicant? Yes No
 If yes, for how long? _____
10. Does the insured have valet parking? Yes No
 If yes, are MVR's checked on parking attendants? Yes No
 If yes, are written claim checks given to customers? Yes No

PHYSICAL CHARACTERISTICS

1. Was the building originally built as a restaurant? Yes No
 If no, describe original use and subsequent occupancies: _____
2. Age of: Wiring: _____ Heating: _____ Plumbing: _____ Roof: _____
3. Are all public areas on the ground floor or basement levels? Yes No
4. Are there any current violations of fire, safety, health, building or construction codes? Yes No
 If yes, describe violation and date of notice: _____
5. Are there any stairs onto which the public is admitted? Yes No
 If yes, are handrails provided? Yes No
 Are steps even, unobstructed, lighted and covered with a non-slip surface? Yes No
6. Does the automatic extinguishing system protect all:

Cooking surfaces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Deep fat fryers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exhaust ductwork?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other cooking appliances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hoods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the building sprinklered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Is the building alarmed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do all deep fat fryers have high limit switches? Yes No
8. Does the extinguishing system have an accessible manual release control? Yes No
9. List the brand name and age of the system: _____
10. Is the system U.L. 300 listed? Yes No
11. Inspection/Maintenance agreement - Contractor: _____ Frequency: _____
12. Cleaning, hood and ductwork - Contractor: _____ Frequency: _____
13. Cleaning, hoods and grease filters - Method: _____ Frequency: _____
14. List make and model number of self-cleaning or grease extracting system: _____

PLEASE COMPLETE THE FINANCIAL INFORMATION SUPPLEMENT OR ATTACH A COPY OF THE INSURED'S MOST CURRENT FINANCIAL STATEMENT.

Date: _____ Completed by: _____

LIQUOR SUPPLEMENT

1. Does applicant have a liquor license? Yes No
2. Does applicant sell packaged goods? Yes No
If yes, what percent of liquor receipts? _____ %
3. Number of bartenders: _____ Number of waitstaff: _____ Average length of employment (all): _____
4. Are employees given liquor training? Yes No
If yes, explain type and when trained: _____
5. Does applicant have a written policy on serving alcohol for employees and customers? Yes No
6. Is management notified prior to shutting off patrons? Yes No
Is documentation kept on each incident? Yes No
7. How many bars are on premises? _____
Is there a steady bar clientele? Yes No
8. Is there a happy hour? Yes No
Are drinks sold at a reduced price during happy hour? Yes No
9. Is a last call given? Yes No
If yes, at what time? _____
10. Are shots given? Yes No
Shots specials? Yes No
11. Have there been any liquor board violations? Yes No
If yes, list all violations: _____

FINANCIAL INFORMATION

STATEMENT OF ASSETS AND LIABILITIES: Agent must have applicant show date of statement and complete it in detail, otherwise it will be returned. In lieu thereof, a signed and dated statement of assets and liabilities of the applicant may be attached hereto. Explanation and Instructions:
 Information concerning the financial condition of an insured location is essential to underwriters. Judgments regarding eligibility and premium level are made partially based on financial condition INFORMATION SUBMITTED WILL BE KEPT STRICTLY CONFIDENTIAL. Part I examines your trend in revenues and expenses. Part II examines solvency by comparing your current assets to your current liabilities. Part III examines short and long term debt. Part IV has to do with your credit history. Complete financial statements including balance sheet and income statements may be substituted for this request.

PART I

	12 Months ending _____	Prior Year
Food Sales	_____	_____
Liquor Sales	_____	_____
All other Sales	_____	_____
Gross Revenue	_____	_____
Cost of Goods Sold	_____	_____
Gross Profit	_____	_____
Cost of Labor	_____	_____
Overhead Expenses	_____	_____
Profit (Loss) After Expenses	_____	_____

PART II

Cash on Hand or in Banks _____	Payable to Vendors _____
Marketable Securities _____	Taxes Payable (Not F.I.T.) _____
Accounts Receivable _____	Income Tax Payable _____
Inventory _____	Other CURRENT Payables _____
TOTAL OF ABOVE _____	TOTAL OF ABOVE _____

PART III

LIST LOANS, MORTGAGES OR ANY OTHER CONTRACT DEBT			
<u>To Whom</u>	<u>Amount</u>	<u>Maturity Date</u>	<u>Monthly Payment</u>

PART IV

Are you currently past due on payroll, sales or other taxes? Yes No

Are you currently undergoing any form of bankruptcy? Yes No

Who prepares your financial statements and/or tax returns? _____

To my knowledge the financial information herein is correct: _____

Date _____ Title _____ Signature _____