

**H. R. KELLER & CO., INC.**  
 1520 Sheridan Drive  
 Buffalo, New York 14217  
 (716) 874-1644 (800) 424-2202 Fax: (716) 874-4920

**TAVERN / RESTAURANT QUESTIONNAIRE**  
*(To be completed and submitted with ACORD applications)*

APPLICANT: \_\_\_\_\_

FOR INSPECTION: Who to speak to \_\_\_\_\_ Phone \_\_\_\_\_

ACCOUNTING: Who to speak to \_\_\_\_\_ Phone \_\_\_\_\_

**GENERAL INFORMATION:**

HOW OLD IS BUILDING? \_\_\_\_\_ HOW MANY STORIES? \_\_\_\_\_ DOES APPLICANT OWN BUILDING? \_\_\_\_\_

	Describe each occupancy, including other occupancies not controlled by applicant:	Sq. ft. of each one	% vacant
Basement			
First floor			
Second floor			
Third floor			

How many full apartments (w/kitchen & bath) are in building? \_\_\_\_\_

Are there any rooms for rent (other than full-size apartments)?  Yes  No

Any outside patios, decks or picnic areas?  Yes  No If yes, square feet \_\_\_\_\_

Any waterfront exposures?  Yes  No If yes, describe \_\_\_\_\_

Adjacent exposures – what type of building (construction and occupancy) is to the:

Left		Distance	
Right		Distance	
Rear		Distance	

How many years of experience? \_\_\_\_\_ Years at present location? \_\_\_\_\_

Annual Gross Receipts \$ \_\_\_\_\_ Percent food ? \_\_\_\_\_ % Percent alcohol ? \_\_\_\_\_ %

What type and extent of cooking ? \_\_\_\_\_

If there take-out service?  Yes  No Percent of total sales as take-out ? \_\_\_\_\_ %

Business hours: from \_\_\_\_\_ to \_\_\_\_\_ Days ? \_\_\_\_\_ Open all year ?  Yes  No

Annual payroll \$ \_\_\_\_\_

Fire protection class \_\_\_\_\_ Is building sprinklered ?  Yes  No

Parking lot:  Yes  No Area \_\_\_\_\_ Lighted  Yes  No  
 Condition  Good  Fair  Poor

Live entertainment?  Yes  No Number of times/nights per week? \_\_\_\_\_

Describe nature of entertainment \_\_\_\_\_

Is dancing permitted?  Yes  No Size of dance floor? \_\_\_\_\_ sq. ft.

Are there any Bouncers/Doormen  Yes  No If yes, total number \_\_\_\_\_

Any sports activities on the premises?  Yes  No If yes, explain \_\_\_\_\_

Approximate age mix of customers:

_____ % 23 yrs & under	_____ % 24 – 29 yrs.	_____ % 30 – 35 yrs	_____ % 36 – 50 yrs.	_____ % 51 yrs. & over
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Is this risk currently for sale or under consideration of being sold?  Yes  No

Is this risk currently being remodeled or renovated?  Yes  No

Are there any pets at this location?  Yes  No If yes, describe the pet \_\_\_\_\_

**RISK CANNOT BE ACCURATELY QUOTED UNLESS THE FOLLOWING QUESTIONS ARE ANSWERED COMPLETELY**

**CONSTRUCTION:** (If mixed give % of each)

Frame \_\_\_\_\_ % Brick \_\_\_\_\_ % Concrete Block \_\_\_\_\_ % Other \_\_\_\_\_

**ELECTRICAL SYSTEM:** Age \_\_\_\_\_ Date last updated by contractor \_\_\_\_\_

Is system  Fused  Circuit Breakers  Combination of both  
Condition of system appears to be:  Excellent  Good  Fair  Poor

**HEATING SYSTEM:** Age \_\_\_\_\_ Date last updated by contractor \_\_\_\_\_

Fueled by (one of more)  Gas  Oil  Electric  Bottled gas  Wood  
Type (one or more)  Forced Air  Radiators  Baseboard Units  Space Heaters  
Air Conditioning  None  Central  Window Unit (s)  Through – Wall

Condition of System appears to be?  Excellent  Good  Fair  Poor

**KITCHEN:** Is there a kitchen?  Yes  No

COOKING DEVICES	NONE	FUELED BY		IS COOKING DEVICE UNDER A HOOD ?		IS A FIRE SUPPRESSION SYSTEM INSTALLED ?	
		GAS	ELECTRIC	YES	NO	YES	NO
GRILL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DEEP FRYER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BROILER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RANGE/OVEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Manufacturer of Fire Suppression System (if any) \_\_\_\_\_

Automatic gas or electric shut-off for cooking?  Yes  No

Manual pull chain for extinguishing system?  Yes  No

Semi-Annual cleaning service for extinguishing system?  Yes  No

Hood and filters cleaned Bi-Monthly?  Yes  No

**OTHER COMMENTS OR INSTRUCTIONS:**

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**THIS RESTAURANT/TAVERN PACKAGE POLICY DOES NOT PROVIDE LIQUOR LIABILITY COVERAGE.**  
Applicant acknowledges that he (she) is aware that the package policy applied for herein does not provide liquor Law liability coverage. This coverage may be available through a separate policy.

**PLEASE CHECK ONE:** I (We)  do  do not desire a quotation for liquor liability coverage.

\_\_\_\_\_  
**Applicant signature**

\_\_\_\_\_  
**Date**