

# Hospitality Insurance Program Questionnaire



*20 years experience of building a better program.*

Legal Name (corp., real estate corp. & dba) \_\_\_\_\_

Mailing address \_\_\_\_\_

Location address, if different \_\_\_\_\_

Contact Name & phone number \_\_\_\_\_

Email address \_\_\_\_\_ Website address \_\_\_\_\_

Years at this location \_\_\_\_\_ Years in industry \_\_\_\_\_

Current expiration date for:

Package Policy \_\_\_\_\_ Work. Comp. \_\_\_\_\_ Liquor Liability \_\_\_\_\_

Do you own the building you occupy? \_\_\_\_\_ If not, is landlord to be additional insured: \_\_\_\_\_

List your hours of operations \_\_\_\_\_

Program used for alcohol awareness training _____	Customer average age: ___ 21-26 ___ 27-35 ___ 35+
Type of establishment (restaurant, bar, tavern, sports bar, adult entertainment, etc) _____	Describe any ride home/taxi programs _____
Legal capacity _____ # of seats _____	_____

List # of the following

Pool Tables _____	Golf Simulators _____
Video Games _____	Dance floor size _____
Cover Charge (how much) _____	Juke Box _____
# of employees _____	Stage _____
# of alcohol servers _____	DJ (days per week) _____
# of servers certified in TIPS/TAMS or other program _____	Band (days per week) _____
List drink specials _____	Happy Hour discounts _____

Describe precautions to prevent serving minors and/or intoxicated patrons: \_\_\_\_\_

Describe how you and your employees handle patrons who become intoxicated: \_\_\_\_\_

Do you require: Administrative Action Coverage: \_\_\_\_\_ Employment Practices Liability: \_\_\_\_\_



Current information

Building Limit _____	Year of last improvement for plumbing _____
Business Personal Property Limit _____	Year of last improvement for Heat/AC _____
Policy deductible _____	Building Sqft _____
Business Income Limit _____	# of Floors _____
General Liability Limit _____	Alarm systems (fire, smoke, burglar) _____
Liquor Liability Limit _____	Alarm system servicer company _____
Is the building sprinklered _____	# of Surveillance cameras _____
Year of last improvement for roof _____	# of exits with signs _____
Year of last improvement for electrical _____	Month/Year Fire Extinguishers Serviced _____
Month/Year Fire Suppression System Serviced _____	

<b>Sales Information:</b>	<b>Payroll Information:</b>
Annual gross alcohol sales _____	Annual payroll for food/bar employees _____
Annual Gross Keno/Pull Tab sales _____	Annual payroll for clerical employees _____
Annual Gross Poker sales _____	Annual payroll for janitorial employees _____
Annual gross food sales _____	Annual payroll for entertainment _____
Banquet Room Rental income _____	Other payroll – describe _____
Annual Catering Sales _____	Experience Modification Factor _____
<b>Liquor License Business Number</b> _____	<b>EIN</b> _____

Do you have security, doormen, bouncers? If so state which and how many. \_\_\_\_\_

List any paid claims in the past three years \_\_\_\_\_

Package Policy Premium _____	<b><i>We ask to see if we can compete. If we can't compete, we'll tell you. We also offer business &amp; personal auto, health &amp; life insurance.</i></b>
Liquor Liability Premium _____	
Worker's Compensation Premium _____	
Umbrella/Excess Liability Premium _____	

The above information is a questionnaire for the purpose of obtaining an insurance proposal only. Insurance company applications will apply; however, all or part of the information listed above will be included in their application. Call Brownrigg Companies Ltd., if you have any questions.

Name (print) \_\_\_\_\_ Tel # \_\_\_\_\_ Date \_\_\_\_\_

**For a timely quotation, complete the questionnaire and return ASAP.**

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