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:		
1st Prior:		
2nd Prior:		
3rd 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

Restaurant Supplemental Risk Questionnaire (cont.)

12. Any off-premises catering? ◯ Yes ◯ No

If yes, radius of operations (miles): _____ *Percent of exposure:* _____ %

Number of vehicles: _____ *Number of catering employees:* _____

13. Any delivery? ◯ Yes ◯ No

If yes, radius of operations (miles): _____ *Percent of exposure:* _____ %

Number of vehicles: _____ *Number of catering employees:* _____

14. Are MVR's checked on catering and delivery employees? ◯ Yes ◯ No

If yes, how often? _____

15. Any valet parking services provided? ◯ Yes ◯ No

If yes, are valet parking attendants required to have a valid U.S. driver's license? ◯ Yes ◯ No

16. What is the minimum age for all drivers, including any valet parking attendants? _____

17. Have there been any employee-to-employee violence claims? ◯ Yes ◯ No

If yes, provide details:

18. Have there been any theft or robbery claims? ◯ Yes ◯ No

If yes, provide details:

To the best of my knowledge, all of the information I have given about my business is true and correct.

Officer or Owner of Business **Date**