ProHost Supplemental Questionnaire
(Complete this supplement and submit with ACORD Application to info@prohostusa.com)

Agency Name:
Name Insured/Applicant:
Street Address:

Yes	No	
		Hours of operation dining area: Hours of operation bar area (if different than dining):
☐	☐	Is food served until within at least one hour of closing time (including bar closing time?)
		Total number of seats: Dining Bar/Lounge
☐	☐	Does the restaurant close for more than 30 consecutive days (i.e. seasonal business?)
		Check restaurant type that best describes this operation: Counter service, takeout only, no seating at restaurant _____ Order at counter with limited or no table service, with seating in restaurant _____ Full table service with wait staff taking customer orders at the table_____
☐	☐	How many years has restaurant operated at this location? _____ ***If this is a new restaurant opening, attach a brief resume' for the full-time manager and a business plan.***
☐	☐	If restaurant has been open less than 3 years, does the full-time manager have at least 5 years of restaurant management experience in the area?
☐	☐	If restaurant has been open less than 3 years, does the head chef have at least 5 years of restaurant management experience in the area?

Complete for Property Coverage / Note: Complete this section separately for each location.

Location# _____
Street Address: _____   *City/State:* _____

Yes	No	
		Types of kitchen appliances (check all that apply): Deep Fryers: ☐ Broilers: ☐ Grills: ☐ Ranges : ☐ Ovens: ☐ Other: ☐
☐	☐	Any table-side cooking? (describe)
☐	☐	Is the ansul system UL300 compliant?
☐	☐	Automatic fire extinguishing system provides surface protection for all cooking surfaces?
☐	☐	Automatic Extinguishing System Serviced No Less Than Every 6 Months: Service Interval: Name of service firm:
☐	☐	Do metal hoods and ducts cover all cooking surfaces?
☐	☐	Hoods equipped with removable filters or grease extractors vented to outside of building?
☐	☐	All cooking or heating devices installed with minimum 18 inches safe clearances to combustible walls, ceilings, etc?
☐	☐	Manual pull for extinguisher system readily accessible and clearly identified?
☐	☐	All gas fired cooking equipment and electric deep fat fryers equipped with automatic fuel shut off?
☐	☐	All deep fat fryers equipped with thermostat with automatic fuel shutoff if temperature exceeds 475°?
		Number of portable fire extinguishers in kitchen area: _____
☐	☐	Central station burglar alarm?
☐	☐	Central station fire alarm?
☐	☐	Hoods and ducts cleaned as necessary by outside firm under contract? Name of Firm: Cleaning Schedule: Monthly ☐ Quarterly ☐ Semi-Annual ☐
☐	☐	Is refrigeration/freezing equipment under a maintenance agreement?
☐	☐	Is the building listed on the National or Local Historic Registry?

Yes	No	
☐	☐	Is the actual age of the building greater than 20 years old? If yes, describe updates to the roof, electrical, HVAC and plumbing systems including year completed:
☐	☐	Is there a wood burning stove or fireplace on premises?

Complete for General Liability Coverage
Note: Complete this section separately for each location.

Street Address: _____ *City/State:* _____

	Number of Employees: FT_____ PT_____
	Estimated sales for next 12 months: On Premises Food $ _____ On Premises Liquor $_____Off-Premises Catering $ _____ Other (explain) $_____ **Actual sales last 12 months:** On Premises Food $ _____ On Premises Liquor $_____Off-Premises Catering $ _____ Other (explain) $_____
	Describe type(s) of off-premises catering provided, if any.

Yes	No	
☐	☐	Does the restaurant allow dancing? If yes, is there a dance floor? Size in square feet: Number of evenings/week with dancing? Type of music:
☐	☐	Does the restaurant have live entertainment or a DJ? If Yes, type of entertainment:
☐	☐	Does the restaurant have electronic games, TVs, billiards or other entertainment devices? If yes, describe – number and type:
☐	☐	Does the restaurant have an indoor or outdoor playground?
☐	☐	Are floor transitions clearly marked?
☐	☐	Does the restaurant have an on-premises banquet facility? If yes, annual banquet sales: $ What percentage of total banquet sales are weddings? %
☐	☐	Does the restaurant offer delivery service? If yes, check all that apply: ☐By employees – on foot ☐By employees with personal autos ☐By employees – on bicycle ☐By employees with company autos ☐By contract (outside) delivery service Delivery area (radius from restaurant in miles): _____
☐	☐	Does the restaurant sell food or condiments manufactured under its own label? If yes, give annual sales and describe products: Annual Sales $_____ Products:
☐	☐	Is the restaurant in compliance with ADA requirements?
☐	☐	Is the applicant aware of any present or past incident that may give rise to a data breach claim?
☐	☐	Has the applicant had data breach insurance coverage denied, canceled or non-renewed during the last three years? If Yes, give details:
	Parking Lot
☐	☐	Does the applicant own a parking lot? (If "no," skip the next 2 questions.)
☐	☐	If parking lot is not owned by applicant, is applicant responsible for maintenance of the parking lot?
☐	☐	If answer to both of the above questions is "no," does applicant indemnify (through the lease agreement) the entity which owns or maintains the parking lot or will such entity be an insured under the applicant's general liability insurance?

		Valet Parking
☐	☐	Does the restaurant offer valet parking? (If "no," skip the next 4 questions.)
☐	☐	If yes, is valet parking performed by the restaurant's employees?
☐	☐	If yes, does the restaurant check the driving records of valet parking attendants?
☐	☐	If you offer valet using an outside firm, does that firm have insurance coverage in force to cover liability arising out of valet parking including physical damage to customers' autos?
☐	☐	If you use an outside valet firm, is the restaurant included as an insured under the firm's garage and garage keepers insurance?

Customer Incident/Complaint Handling: *(Check the appropriate description.)*	
a. Waitpersons are trained in proactive customer incident/complaint procedures management procedures	☐
b. Customer incident/complaint handling is not discussed with wait staff.	☐
c. Wait staff instructed to take passive response to customer incidents or complaints	☐

Health Department Rating: *(Check the latest applicable rating.)*			
a. "A" or equivalent grade	☐	c. "C" or equivalent grade	☐
b. "B" or equivalent grade	☐	d. "D" or below	☐

Complete for Liquor Liability Coverage (complete for each location)

Liquor license type: Beer & Wine _____   Full Liquor _____
Liquor liability limit: ☐ $1 Mill ☐ Other: $_____

Yes	No	
☐	☐	Any special consumption promotions such as ladies night, 2 for 1's, etc.? If Yes, describe:
☐	☐	Do you serve any flaming drinks? If yes, describe:
☐	☐	Do you dispense or provide alcoholic beverages for off-premises events?
☐	☐	Has applicant, any owner, partner, officer of licensee ever had a liquor license revoked or suspended? If Yes, explain:
☐	☐	Have the authorities been called to your premises for any reason during the past five years? If yes, explain:
☐	☐	Is training provided for all servers and bartenders in the responsible service, sale and consumption of alcohol using an outside services such as TIPS? If Yes, give name of program and frequency of training:
☐	☐	Are customers served without checking ID?
☐	☐	Does applicant have "bouncers" or door checkers?
☐	☐	Does applicant currently carry liquor liability insurance?
☐	☐	Has the applicant had liquor liability insurance coverage denied, canceled or non-renewed during the last three years? If Yes, give details:

_____ / _____   _____ / _____
Applicant Signature/Date   *Producer Signature/Date*