



Best Choice Insurance Agency  
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**Fill in form & print then FAX TO: 636-229-4810**

**ATTN: Pamela Hopper or Mike Boone**

**or**

**Fill in form, save to computer and email to [service@bestchoiceinsurance.com](mailto:service@bestchoiceinsurance.com)**

### RESTAURANT SUPPLEMENT

Name

Business Name

Email Address

Mailing Address

Mailing Address

City, State, Zip

Phone Numbers Home  Work

Fax

How would you prefer to be contacted regarding your quote?

Select One

If you would prefer to be contacted by phone, please let us know the best time to call:

Select One

1. Number of years In business under current ownership?  At this location?

2. Has the owner ever been involved in a bankruptcy or business failure?  YES  NO  
 If yes, explain in Comments section.

3. If needed, will financial statements be provided prior to banding?  YES  NO

4. What are the gross sales for past 3 years:

Year <input type="text"/>	Food \$ <input type="text"/>	Liquor \$ <input type="text"/>
Year <input type="text"/>	Food \$ <input type="text"/>	Liquor \$ <input type="text"/>
Year <input type="text"/>	Food \$ <input type="text"/>	Liquor \$ <input type="text"/>

5. What are the hours of operation?

6. Is the business seasonal?  YES  NO Months of operation:  to

7. Is there a bar or lounge?  YES  NO If yes, describe in Comments section.

Happy Hour?  YES  NO

8. If liquor is served, describe the training protocol for liquor servers in the Comments section.

9. Is there live entertainment?  YES  NO

If yes, describe in Comments section (type, nights per week, hours, etc.).

10. Is there a dance floor?  YES  NO

If yes, what is its size?

11. Are there any operations away from the premises, such as catering?  YES  NO

If yes, explain in Comments section.

12. Any tableside cooking or food preparation?  YES  NO

13. Was the building originally built as a restaurant?  YES  NO

If no, has wiring, etc., been updated for restaurant occupancy?

YES  NO

When?

14. Which floor is the restaurant located on?

15. Maximum seating capacity of restaurant:  Of lounge:

16. Number of exits:

Are all exits free of obstruction, lighted and marked with exit signs?

YES  NO

17. Is there emergency lighting?  YES  NO

18. Has insured ever been cited by Board of Health?  YES  NO

If yes, explain in Comments section.

19. Housekeeping:  Excellent;  Good;  Fair;  Poor

20. Valet Parking?  YES  NO

21. Is there a coat check room?  YES  NO

22. Are all areas over ranges grills, fryers, and all other cooking surfaces, and hoods and ducts protected by a ULB00-compliant automatic fire extinguishing system?  YES  NO

23. Is there a maintenance agreement to regularly inspect and service the system? No Times per year?   YES  NO

24. Are the employees trained in the use of the automatic extinguishing system and portable fire extinguishers?  YES  NO

25. Is there a maintenance agreement with an outside firm to clean the hood and duct system? Times per year?   
If no, explain in the Comments section.

YES  NO

26. How often are the grease filters cleaned by the employees?

**Comments:**