

**PUB OPERATIONS SUPPLEMENTAL QUESTIONNAIRE**

1.	Establishment name:			
2.	If operated by someone other than the named insured, the following is required:			
	a. Business name, Insurance company and policy number: _____			
	b. Provide copy of insurance certificate with liability limit of \$5,000,000.			
	c. Provide copy of agreement (s)			
	d. Is the named insured listed as an additional insured on the operator's policy?	YES	NO	
3.	If operated by the named insured, the following is required :			
	a. Total annual receipts:			
	Liquor	_____		
	Food	_____		
	Other, list	_____		
4.	Hours of operation:			
5.	Is there a "Happy Hour"?	YES	NO	
	a. At what time: _____ What gimmick(s) is/are used to promote Happy Hour? (ie: 2 for 1 drinks, girls drink free)			
6.	Is food served?	YES	NO	
	a. If yes, what type of food? (ie: hamburgers, French fries, chips, peanuts)			
7.	Are establishment employees "Smart Serve" certified?	YES	NO	
8.	Is photo identification checked at the door prior to entering the establishment?	YES	NO	
9.	Is there a sign posted stating that patrons/customers must be of legal drinking age to enter the establishment?	YES	NO	
10.	Is there a policy "not to serve alcohol to intoxicated patrons/customers"?	YES	NO	
11.	Are there written guidelines to follow when patrons/customers become intoxicated and/or disruptive?	YES	NO	
	a. Attach a copy of the written guidelines			
12.	How are obviously intoxicated patrons/customers discouraged from driving?			
13.	Does the establishment provide a "Transportation Service" to the patrons/customers?	YES	NO	
14.	Does the establishment offer free pop and/or coffee to "Designated Drivers"?	YES	NO	
15.	List the entertainment scheduled for the calendar year.			
16.	Attach a copy of the establishments liquor permit.			

DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_