



BAR-TAVERN SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees

How many workers do they employ full-time?	How many workers do they employ part-time?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? _____ Yes _____ No. If no, explain _____

3. What is the level of housekeeping on the premises? _____

4. Hours of operation: _____

5. Is there live music on premises? _____ Yes _____ No. If yes, provide details _____

6. Does the insured provide security or crowd control? _____ Yes _____ No

7. Are appropriate materials-handling equipment provided to employees for moving beer kegs and other heavy supplies? _____ Yes _____ No

8. Are employees trained on proper lifting techniques? _____ Yes _____ No

9. Measures taken to prevent slip and fall accidents (check) _____ Nonskid Mats _____ Nonskid Flooring _____ Nonslip Shoes Required. Other: _____

10. Does the insured host or rent the facilities for events, such as private parties, banquets, or wedding receptions, that may draw large crowds? _____ Yes _____ No

11. What is the quality of the insured's employee training program? Are employees trained to handle emergency situations? _____

12. Are employees adequately trained in how to protect themselves during a robbery? _____

13. Is a firearm kept on premise? _____ Yes _____ No

12. Is alcoholic beverage consumption by employees prohibited on premises? _____ Yes _____ No