

BEDFORD UNDERWRITERS, LTD.

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SUPPLEMENTAL QUESTIONNAIRE **RESTAURANT**

We are considering quoting this account prior to a loss control survey. Please help us by obtaining this information and return to us by _____. This will have a direct impact on our decision making process. Thank you in advance for your cooperation!

- Type of restaurant: : Fine Dining ____ Family ____ Fast Food ____
Night Club ____ Theme Type ____ Pizza ____
Other ____ Explain : _____
- Menu served : Breakfast ____ Lunch ____ Dinner ____
- Live entertainment : Yes ____ No ____
- Number of years in business : ____
- Total number of employees : ____
- Hours of operation : ____ AM to ____ PM
- Days per week open : ____
- Valet Parking service : Yes ____ No ____
- Delivery/Catering : Yes ____ No ____ **If Yes Answer The Following**
Number of delivery persons : ____
Hours of delivery : ____ AM to ____ PM or ____ PM to ____ PM
Vehicles used for delivery : Employees Vehicles ____ Company Vehicles ____
- What percentage of sales is from alcohol : ____%
- Average wage : \$ ____ / HR.
- Are health benefits provided : Yes ____ No ____
If yes, what percentage is paid by the employer: ____%

SAFETY PROGRAMS - EFFORTS / ADDITIONAL COMMENTS:
