

MID-CONTINENT INSURANCE COMPANY

RESTAURANT / TAVERN QUESTIONNAIRE Gateway/Pennsy Underwriters Inc.

Note: If your operations include "UNDER 21" Nights, please also complete the "UNDER 21" QUESTIONNAIRE.

Applicant: _____

Mailing Address: _____

Location: _____

1. Tavern/Restaurant _____ sq.ft. Seating Capacity _____ Largest Room _____ sq.ft.

Describe Type of Operation _____

Seasonal: Y N Period from _____ to _____ Banquet Facilities? Y N Catering? Y N

Roof Type: Flat _____ Pitched _____ Other _____ Location of Public Restrooms (Floor) _____

| OTHER OCCUPANCIES | DESCRIBE | SQ. FT. | # OF APTS |
|-------------------|----------|---------|-----------|
| FLOOR #1 | | | |
| FLOOR #2 | | | |

Parking Area: Lot _____ sq. ft. Lighted? Y N Valet? Y N

3. Total Annual Receipts Incl. Alcohol \$ _____ Annual Alcohol Receipts only \$ _____

4. Total Annual Payroll? _____ Total number of Employees? _____

5. Hours of Operation? From _____ to _____ Days per week _____ Busiest Hours _____

6. Patronage type? By percentage: Under Age 30 _____ Over Age 30 _____ Family _____

7. Owner or Member of Family Live on Premises? Y N If yes, Homeowner Policy No. _____

8. Security or Bouncer? Y N If so, Details of Duties _____

9. Weapons on Premises? Y N Describe _____

10. Entertainment? Y N Type _____ Frequency _____

Dancing Allowed? Y N Gambling or Amusement Devices? Y N Type _____

11. Sponsor Teams or Events: Y N Please provide full details of your sponsorship, on the back of this form.

| 12. | COOKING DEVICE | FUEL | | PROTECTION | | AUTO EXTINGUISHER | |
|-----|----------------|------|----------|------------|---------|-------------------|----|
| | TYPE | GAS | ELECTRIC | HOOD | NO HOOD | YES | NO |
| | GRILL | | | | | | |
| | DEEP FRY | | | | | | |
| | BROILER | | | | | | |
| | RANGE/OVEN | | | | | | |

13. Automatic Extinguisher Contract? _____ Filter Cleaning Contract? _____

14. How long operating at this location? _____ If not yet operating, when is opening? _____

Years experience in business? _____ Type of past experience? _____

Is this business for sale? _____ Is this building for sale? _____

15. Is the applicant other than an individual or sole proprietorship? Y N . If yes, List the names and addresses of: Corporate Shareholders; Trustees or Beneficiaries; Partners or Limited Partners

| NAME | ADDRESS | POSITION | INTEREST % |
|------|---------|----------|------------|
| | | | |
| | | | |
| | | | |

PLEASE PUT ANY ADDITIONAL INFORMATION ON REVERSE SIDE.

AGENCY _____ DATE _____