



ONE RISK GROUP, LLC
One Risk Management
 And Insurance Services, LLC

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Insurance unlike anyone.
 www.oneriskgroup.com
 License No: 0G66614

Restaurant Program Information

BASIC ACCOUNT INFO

COMPANY NAME			WEBSITE		
MAILING ADDRESS					
LOCATION ADDRESS (IF DIFFERENT)					
CONTACT NAME		PHONE	FAX	EMAIL	
FEIN	ENTITY TYPE (CORPORATION, LLC, ETC.)		# OF YEARS IN BUSINESS	# YEARS IN INDUSTRY	
DESCRIBE TYPE OF RESTAURANT (FAMILY, FINE DINING, COUNTER, BAR/LOUNGE)			HOURS OF OPERATION		
PRIOR CARRIER INFO (NAME OF INSURANCE COMPANY, POLICY # & EXPIRATION DATE)					

RESTAURANT (IF OPERATIONS INCLUDE DELIVERY, ATTACH A LIST OF VEHICLES AND/OR DRIVERS)

LIQUOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	% OF REVENUES	SEPARATE LOUNGE YES <input type="checkbox"/> NO <input type="checkbox"/>	BEER <input type="checkbox"/>	WINE <input type="checkbox"/>	FULL BAR <input type="checkbox"/>	
AVERAGE ENTRÉE PRICE	24 HOUR OPERATION YES <input type="checkbox"/> NO <input type="checkbox"/>	TAKE OUT YES <input type="checkbox"/> NO <input type="checkbox"/>	% OF OPERATIONS	DELIVERY YES <input type="checkbox"/> NO <input type="checkbox"/>	% OF OPERATIONS	RADIUS OF DELIVERY AREA
CATERING YES <input type="checkbox"/> NO <input type="checkbox"/>	% OF REVENUES	DESCRIBE CATERING (CHECK ALL THAT APPLY) DELIVERY <input type="checkbox"/> SET UP <input type="checkbox"/> SERVE <input type="checkbox"/> TEAR DOWN <input type="checkbox"/>				
ESTIMATED ANNUAL SALES						
FOOD _____	LIQUOR _____	CATERING _____	OTHER (DESCRIBE) _____			
IS THERE HAPPY HOUR? YES <input type="checkbox"/> NO <input type="checkbox"/>	IS THERE A COVER CHARGE MADE? YES <input type="checkbox"/> NO <input type="checkbox"/>	TABLESIDE SERVICE YES <input type="checkbox"/> NO <input type="checkbox"/>	SELF SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/>	TABLESIDE COOKING? YES <input type="checkbox"/> NO <input type="checkbox"/>		
VALET PARKING YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, ARE OPERATIONS SUBCONTRACTED OUT? YES <input type="checkbox"/> NO <input type="checkbox"/>	# OF VALETS	BOUNCERS? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, # OF BOUNCERS		
# OF EMPLOYEES						
HOSTS _____	WAIT STAFF _____	CHEFS _____	BARTENDERS _____			
IS THERE ENTERTAINMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, DESCRIBE (DJ, LIVE BAND, ETC)	IF LIVE BAND, ACOUSTIC OR ELECTRIC INSTRUMENTS?	# OF DAYS PER WEEK	IS THERE A DANCE FLOOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IS THERE GAMING? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PERCENT OF GROSS RECEIPTS FROM GAMING _____%	IF YES, DO YOU USE AN OUTSIDE SERVICE TO COLLECT GAMING RECEIPTS FROM YOUR MACHINES? YES <input type="checkbox"/> NO <input type="checkbox"/>				

COOKING HAZARDS

UL APPROVED AUTO EXTINGUISHING SYSTEM OVER ALL COOKING SURFACES AND DEEP FRYERS? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, TYPE OF SYSTEM: <input type="checkbox"/> WET CHEMICAL (UL 300 APPROVED) <input type="checkbox"/> DRY CHEMICAL	AUTOMATIC GAS OR ELECTRIC SHUT OFF FOR COOKING WITH MANUAL PULL? YES <input type="checkbox"/> NO <input type="checkbox"/>
		ARE HOODS AND DUCTS EQUIPPED WITH FILTERS? YES <input type="checkbox"/> NO <input type="checkbox"/>
IS THE HOOD/KITCHEN CLEANING PERFORMED BY A SUBCONTRACTOR/3 RD PARTY? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHAT IS THE ANNUAL COST?	# OF TIMES CLEANED PER YEAR

PROPERTY EXPOSURE (FOR MULTIPLE SITES, PLEASE COMPLETE 1 SHEET PER LOCATION)

BUILDING LIMIT	CONTENTS LIMIT	DEDUCTIBLE	BUSINESS INCOME/EXTRA EXPENSE LIMIT	OTHER COVERAGE LIMIT
CONSTRUCTION TYPE	YEAR BUILT	YEAR OF IMPROVEMENTS: HVAC _____ PLUMBING _____ WIRING _____ ROOF _____		
# OF UNITS	# OF STORIES	SQ. FT. OCCUPIED BY YOU	TOTAL BLDG. SQ. FT.	TOTAL PUBLIC AREA (NOT INCL. BANQUET)
% SPRINKLERED	SMOKE DETECTORS YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE FIRE EXTINGUISHERS ACCESSIBLE TO ALL COOKING AREAS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
BURGLAR ALARM (TYPE) CENTRAL STATION <input type="checkbox"/> W/KEYS <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> NONE <input type="checkbox"/>	FIRE ALARM (TYPE) CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> NONE <input type="checkbox"/>			

NAME: _____ TITLE: _____ DATE: _____

PLEASE COMPLETE AND RETURN TO ONE RISK GROUP, LLC ALONG WITH 4-YEARS OF CURRENTLY VALUED LOSS RUNS