

AVI'S Quick Questionnaire

DBA: _____

Address _____

City _____

Phone Number _____

Name of Ownership: (LLC, INC, ETC) _____

Date Business Started: _____

TOTAL SQ. FOOTAGE: _____ (please include storage, offices, etc)

CUSTOMER SQ. FOOTAGE _____

ANNUAL LIQUOR RECEIPTS: _____

ANNUAL FOOD RECEIPTS: _____

Hours of Operation: _____ AM to _____ AM

ENTERTAINMENT: _____ yes _____ no

POOL TABLES: _____ YES (HOW MANY?) _____

DANCING: _____ YES _____ NO

KAROKE: _____

DJ: _____

Describe any other entertainment: _____

ABC VIOLATIONS: YES _____ or NO _____

Seating Capacity: _____

Doormen: _____ or ID Checkers _____

PROPERTY PORTION:

AGE OF BUILDING: _____

Central Station Alarm: _____ YES _____ NO, if yes name of company?

If you are unaware of the last update please acknowledge updates have been done over the last 20 years.

REWIRED _____ - Within last 20 Years?

Yes _____

ROOF _____ Within last 20 Years? _____ yes

PLUMBING _____ Within last 20 Years? _____ yes

Property Coverage

Building (if necessary): _____

Business Personal Property (i.e. \$50,00, \$75,000, \$100,000): _____

Liability Coverage

Liability Limits _____

Assault and Battery Limits _____

Liquor liability Limits _____

Previous policy information:
Current carrier, & POLICY # & Dates (past four years)
 Name and Renewal Date of current and previous policies:

1. _____
2. _____
3. _____
4. _____

CLAIMS: _____ ?
 Info: _____

Current Policy # _____
 Renewal Date: _____

WORKERS COMP INSURANCE:

Please provide Federal Employer Identification Number (FEIN): _____

Current Carrier: _____
 Current Policy # _____
 Renewal Date: _____

****If there have been any losses we need you to fax over all loss runs and a full description****