



**Allied
Insurance**

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New Venture Restaurant Supplemental Questionnaire

Applicant: _____

Producer Name & Contact: _____

A Business Plan can be accepted in lieu of this supplemental application.

EXPERIENCE

1. Have you ever owned a restaurant? Yes No
If yes, how long and what type?

2. Have you ever managed a restaurant? Yes No
If yes, how long and what type?

If yes, please list your managerial duties:

3. What other experience do you have that qualifies you to run this restaurant?

PLANS FOR THE RESTAURANT

4. Are you taking over an existing restaurant that has been in existence over 3 years?
 Yes No

5. If yes, what percentage of current managers and supervisors are being retained? _____

What percentage of current employees are being retained? _____

6. Are you planning on doing any major improvements that could take longer than 3 months? If yes, please explain. Yes No

7. When will you set up contracts with servicing companies general maintenance of your cooking equipment?

FINANCIAL OBLIGATIONS

8. How did you obtain funding for purchasing this restaurant?

9. Do you plan on making a profit within your first year of business? Yes No
If yes, what information are you using to estimate this?

10. How many months would you be able to sustain if your business made no profit?

Additional Plans:

11. What forms of entertainment will you provide?

12. Are you planning to offer delivery? Yes No
If so, how often and within how many miles?

13. Are you planning on offering catering? Yes No
If yes, how many events to you expect to host each year?

OPTIONAL COVERAGES

- Off Premises Power Failure
- Food Service Plus Endorsement
- Liquor Liability
- Peak Season

Any additional comments? (include anything that may assist in evaluating the applicant)

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____