

Request for a Quote - Restaurant Supplemental



Restaurant Supplemental

Company Name: _____ Phone: () _____

#	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
R01.	<input type="checkbox"/>	<input type="checkbox"/>	Has there been a significant change in exposure over the past 12 months? If yes, what changed: _____
R02.			_____ Hours: What are the restaurant's hours of operation?
R03.			\$ _____ What is the restaurant's average entree price?
R04.			_____ % What is the percentage of driving exposure, including but not limited to delivery or catering?
R05.			_____ What radius, in miles, of driving exposure, including but not limited to delivery or catering? (If none, enter zero)
R06.	<input type="checkbox"/>	<input type="checkbox"/>	Is this an "all you can eat" or "buffet" style restaurant? If yes, what meals is this provided? _____
R07.			Do any of the following apply to this restaurant? Check all that apply. <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Bar / Tavern <input type="checkbox"/> Karaoke <input type="checkbox"/> Happy Hour <input type="checkbox"/> Table Cooking <input type="checkbox"/> Other
R08.			_____ % What is the percentage of restaurant receipts are for alcohol?
R09.	<input type="checkbox"/>	<input type="checkbox"/>	Does the company provide/perform anything out of the ordinary? (i.e. roller skating waiter/ waitress, etc.) If yes, explain: _____
R10.	<input type="checkbox"/>	<input type="checkbox"/>	Does the company have medical facilities or an on-site nurse? If yes, what is the name of designated medical facility to send injured employees? _____

Thank you. This form should be attached and submitted with your company's RFQ.