



GREAT AMERICAN INSURANCE COMPANIES Specialty Human Services Division



COMMERCIAL COOKING QUESTIONNAIRE

Name of organization: _____

Complete this questionnaire for each location with commercial cooking equipment.

Copy this sheet if additional space is required.

Location address: _____

1. Gross annual sales: _____

2. If food is not sold, how many meals are served annually? _____

3. Please indicate all cooking equipment applicable at your premises:
 Grill Deep Fryer Broiler Other commercial appliance(s): _____

4. Is automatic fire extinguishing system provided for all cooking surfaces? YES NO

5. If yes, is cleaning and service providing under a service agreement with a contractor? YES NO

6. Indicate all other fire protection applicable:

Fire extinguishers: How many? _____

Dry sprinkler

Wet sprinklers

Other: _____

7. Ducts are located:

On an interior wall

On an exterior wall

Completed by: _____

Date completed _____

