



Restaurant Insurance Quick Quote

Named Insured: dba: Mailing address:	Contact Name Phone: Email: Website:
Corporation ___ LLC ___ Partnership ___ Sole ___ Other _____ Number of years in business _____ Hours of Operation _____	Tax ID: Effective date PCKG _____ WC _____

Building Information

Owner or Tenant: _____ Triple Net Lease _____

Physical Address: _____

Year Built: _____ Square Footage: _____ Patio Sq Footage: _____ # of stories: _____

Type of Construction: Frame: _____ Joisted Masonry: _____ Block: _____ Noncombustible: _____ Other: _____

Fire Alarm: _____ Burglar Alarm: _____ Sprinklered _____ Video Cameras _____

Amount of Building coverage: _____

Tenant Improvements/Build-Out Limit: _____

Business Personal Property: _____ Business Income _____

If Building is over 20 years old: List the year of the last update.

Roof _____ Plumbing _____ Electrical _____ HVAC _____ Other _____

Does your restaurant have the following

UL 300 Automatic Extinguishing System (AES) over cooking areas and fryer: _____

Is the AES a Wet or Dry system _____

Is the AES serviced by an outside firm, if yes, how often _____

Are the filters cleaned weekly _____ Are the hoods and ducts cleaned semi annually _____

Are these serviced by an outside firm, if yes, how often _____

Money & Securities

Does the insured maintain a cash register and records of daily receipts? _____

Are deposit records kept on premises _____

Are daily bank deposits made? _____ If not, how often? _____

Is money stored in a class B safe or better _____

General Liability

of years and experience of owners and management _____

Estimated Food Sales _____ Estimated Liquor Sales _____ Other Sales _____

Number of full time employees _____ Number of part time employees _____ Avg Age _____

Number of servers _____ Number of bartenders _____ Number of Managers _____

Do you deliver? _____ Do you cater or do banquets? _____ if so how much in sales _____

Do you have a valid liquor license _____ License # _____

Have you ever had your license revoked or suspended? _____

Have you ever been denied coverage for liquor or nonrenewed? _____

Have you had any claims in the last five years _____

Do you have a written policy that is distributed to new and current employees?

Are all servers certified in a formal alcohol training course

TIPS _____ TAM _____ RAMP _____ ServSafe _____ Other _____

Is a food menu available during all hours of liquor service _____

Is service delayed or discontinued for customers who show signs of intoxication _____

Are transportation arrangements made for customers who appear to be intoxicated _____

How do you prevent underage drinking and over serving _____

Are incident logs maintained _____

Do you offer happy hour or other drink specials _____

Do you offer entertainment: Live bands _____ DJ _____ Karaoke _____ Other _____

Do you have an Umbrella Policy _____ If so what is your limit _____

Notes:

Important Notice

I DECLARE THAT THE STATEMENTS IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided

Applicant Signature

Title

Date

Producer Signature

Date