



Pizza Insurance Program Property/GL Application

Section 1 – Company and Contact Information

Company Tax ID (EIN): _____ Company Name: _____ Policy Expire Date: _____

DBA: _____ Company Type (Circle): Corporation / Partnership / Sole Prop / LLC / Other

Owners Name: _____ Year's as an Owner: _____ Total Years of Experience: _____

Mailing Address:			Contact Persons Name:	
			Email:	
City:	State:	Zip:	Phone:	

Section 2 – Sales (Used for GL Quote)

Annual Delivery Receipts/Sales (Last 12 Months):		Annual Delivery Receipts/Sales (Projected Next 12 Months):	
Annual Gross Liquor Sales :		Annual Total Receipts/Sales :	
# Owned Business Vehicles:			

Section 3 – Locations (Used to get Property Quote)

Store #	Est. Contents Value:	Building Value (if owned):	Est. Year Built:	County	Address City/State/Zip:	Est. Sq/Ft:	Total Sales	Construct Type *



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Store #	Est. Contents Value:	Building Value (if owned):	Est. Year Built:	County	Address City/State/Zip:	Est. Sq/Ft:	Total Sales	Construct Type *

*Construction Types:

- 1.) Frame / Wood
- 2.) Joisted Masonry (exterior walls constructed of masonry/block and roof is another material)
- 3.) Non-Combustible
- 4.) Masonry Non-Combustible OR 5.) Modified Fire Resistive OR 6.) Fire Resistive (walls and roof are steel or concrete)

Section 4 – Discount Questions (Used To Get The Best Pricing)

- 1.) Have you ever had a Property or General Liability Insurance claim? _____
- 2.) Do you have a formal Safety Program in place? _____
- 3.) Do you have a Drug Free Workplace (you drug test every employee, etc.)? _____
- 4.) Has any Insurance policy ever been cancelled or non-renewed? _____ If yes, why? _____
- 5.) Have you ever declared bankruptcy? _____
- 6.) Do you know your NCCI Exp. Mod. for Workers Compensation? _____ If Yes, what is it? _____
- 7.) Do you charge extra for Deliveries? _____ If Yes, how much do you charge? _____
- 8.) Do you have a Central Alarm system? _____
- 9.) What are your Store Hours? _____
- 10.) Are your parking lots level, have painted lines, no potholes, and well maintained? _____
- 11.) Crime in area (circle one)? Low / Moderate / High
- 12.) Do you have just one Named Insured? _____ If No, how many? _____
- 13.) Do you have any other Businesses not in this submission? _____ If Yes, please explain? _____

Current Insurance: Work.Comp: _____ Prop/GL: _____ Hired/Non-Owned Auto: _____

_____ Authorized Person's Name	_____ Authorized Signature	_____ Date
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Just fax the completed application back to the number below. No cover page necessary.