

3000 Bayport Drive Suite 400 Tampa, FL 33607

Phone: (877) 200-1718 ◆ **Fax**: (813) 287-1850

Property / General Liability Insurance Application for Florida McDonald's

Owner/Operato	or Name:		Effective Date 3/1/	Other:		
Main Corporat	e Name:		FEIN:			
Street Address:						
City:		State:	Zip:	Region:		
Contact :		E-ma	il :			
Ph # :		Fax #:	Expiring Pr	remium:		
Type of Entity:	Corporation:Pa	rtnership:LLC:Oth	er:			
# of Freestandii	ng # o	f Satellites				
*Are at least 2 j	people signed up for t	he Safety Newsletter www.	ProfitingFromSafety.con	ı? □ Yes □ No		
*Do vou have a	ny McDonald's signs	or billboards located more	than 1,000 feet from rest	aurants?		
· ·	•	gns/Billboards:	ŕ			
	,	ricane glass" or shutters?	8			
•	•	realic glass of shatters.				
	Please provide locat	ion/store number(s).				
n res.	Please provide locat	ion/store number(s):				
OFFICE INI	FORMATION (If mo	ore than one office, attach additional info				
<mark>OFFICE INI</mark> *Required Field – ε	FORMATION (If more quote will not be provided	ore than one office, attach additional info	rmation)	# of Stories:		
OFFICE INI *Required Field – a *Address:	FORMATION (If more quote will not be provided	ore than one office, attach additional info	rmation)			
OFFICE INI *Required Field – a *Address: *City:	FORMATION (If many a quote will not be provided	ore than one office, attach additional info	rmation) : *County:	# of Stories:		
OFFICE INI *Required Field – a *Address: *City: *Do you own th	FORMATION (If many a quote will not be provided to the provide	ore than one office, attach additional info d if field is left blank. *State:*Zip: □ Lease Space	*Are there Sprinkler	# of Stories:		
*Required Field - a *Address: *City: *Do you own th *Building Value	FORMATION (If many a quote will not be provided to the provide	ore than one office, attach additional info d if field is left blank. *State:*Zip: Lease Space Contents Value:	*Are there Sprinkler *Square Footage: sonry	# of Stories:		
OFFICE INI *Required Field - 2 *Address: *City: *Do you own th *Building Value Construction:	e: * Frame Masonry Non Con	*State:*Zip: Lease Space Contents Value: Joisted Mambustible Modified F	*Are there Sprinkler *Square Footage: sonry	# of Stories: es:		
OFFICE INE *Required Field - 2 *Address: *City: *Do you own the *Building Value Construction:	e: * Frame Masonry Non Con	*State: *Zip: Lease Space Contents Value: Joisted Mambustible Modified F	*Are there Sprinkler *Square Footage: sonry	# of Stories: es:		
*Required Field - 2 *Address: *City: *Do you own the *Building Value Construction: *TORAGE/V *Required Field - 2	e: * GORMATION (If mo a quote will not be provided to a	*State: *Zip: Lease Space Contents Value: Joisted Mambustible Modified F	*Are there Sprinkler *Square Footage: sonry	# of Stories: rs:		
OFFICE INI *Required Field = 2 *Address: *City: *Do you own th *Building Value Construction: STORAGE/V *Required Field = 2 *Address:	e Building? * Frame Masonry Non Con WAREHOUSE/TI quote will not be provided	*State:*Zip:*State:*Zip: Lease Space Contents Value: Joisted Mambustible Modified F	*Are there Sprinkler *Square Footage: sonry N ire Resistive F ION (If more than one location, a	# of Stories: rs:		
OFFICE INI *Required Field = 2 *Address: *City: *Do you own th *Building Value Construction: STORAGE/N *Required Field = 2 *Address: *City:	e Building? * Frame Masonry Non Con WAREHOUSE/TI quote will not be provided	*State:*Zip:*State:*Zip: Lease Space Contents Value: Joisted Mambustible Modified F	*Are there Sprinkler *Square Footage: sonry	# of Stories: TS:		
OFFICE INI *Required Field = 2 *Address: *City: *Do you own th *Building Value Construction: STORAGE/V *Required Field = 2 *Address: *City: *Do you own th	e Building? * WAREHOUSE/TI a quote will not be provided WAREHOUSE/TI a quote will not be provided	re than one office, attach additional inform of if field is left blank. _ *State: *Zip: Lease Space Contents Value: Joisted Mambustible Modified Field is left blank. _ *State: *Zip: _ Lease Space	*Are there Sprinkler *Square Footage: sonry	# of Stories: TS:		
OFFICE INI *Required Field = 2 *Address: *City: *Do you own th *Building Value Construction: STORAGE/V *Required Field = 2 *Address: *City: *Do you own th	e Building? * WAREHOUSE/TI a quote will not be provided WAREHOUSE/TI a quote will not be provided	re than one office, attach additional inform of if field is left blank. *State:*Zip:	*Are there Sprinkler *Square Footage: sonry	# of Stories:		

STORE INFORMATION

*Required Field – a quote will not be provided if field is left blank. Photocopy This Page As Needed – 1 Page Per Store

*National Store #:							
Corporation Name:							
*Address:				*County:			
*City:			*State:	*Zip	*Zip Code:		
*Store Type:							
☐ Free Standing	☐ Convenience Store ☐ Mall			□ Oil A	Alliance		
☐ Convenience Store				□ Airp	□ Airport		
□ Drive-Thru Only				in):			
*Construction:	Construction: ☐ Frame ☐ Masonry Non Combustible		☐ Joisted Maso☐ Modified Fire	nry e Resistive	☐ Non Combustible ☐ Fire Resistive		
*Are there Sprinklers:	□ Yes □ N	0	*Play Land:	□ Yes	□ No		
*Square Footage:		*Year Built: _		No. of Parking	Spaces:		
*Drive-Thru:		Seating Capac	city:	*No. of Stories:	:		
*Are Deliveries made fi	om this location	on: □Yes □No					
*Annual Sales:			Transaction Co	ount:			
			HER EXPOSU				
		(EG: SPORTS MI					
Exposure Description:							
Value of Property:			···				
	OTHER IN	APORTANT EX	KPOSURES: K	ITCHEN INFO	<u>ORMATION</u>		
Have you had your gril	l ducts/hood cl	eaned within the la	st 3 months?	□ YES	□ NO		
	Con	ntractor Providing	the Service:				
Have you had your frye	er ducts cleane	d within the last 6 ı	months?	□ YES	□NO		
	Con	ntractor Providing	the Service:				
Do you have a "wet" Aı	nsul system at	this location?		□ YES	□ NO		
·	·	ntractor Providing	the Service:				
Has the Ansul system b contractor within the la	een serviced/in			□ YES			
	Con	ntractor Providing	the Service:				

PLEASE INCLUDE YOUR 3 YEAR LOSS HISTORY

Completion of this application does not establish a contract of insurance; coverage is not effective for this insurance term until approval by the Insurance Company. COMPL0108-10008

Web: www.TheFloridaInsuranceProgram.com Email Contact: Vivian.Arencibia@BesnardInsurance.com

STORE INFORMATION

*Required Field – a quote will not be provided if field is left blank. Photocopy This Page As Needed – 1 Page Per Store

*National Store #:						
Corporation Name:						
*Address:			*County:			
*City:			*State:	*Zip	Code:	
*Store Type:						
☐ Free Standing	**			□ Oil A	☐ Oil Alliance	
□ Convenience Store	Convenience Store ☐ Mall		☐ Food Court	□ Airpo	☐ Airport	
□ Drive-Thru Only		☐ Satellite	☐ Other (explai	in):		
*Construction:	onstruction: ☐ Frame ☐ Masonry Non Combustible		☐ Joisted Masonry ☐ Modified Fire Resistive		□ Non Combustible□ Fire Resistive	
*Are there Sprinklers:	□ Yes	□ No	*Play Land:	□ Yes	□ No	
*Square Footage:		*Year Built: _		No. of Parking	Spaces:	
*Drive-Thru:			*No. of Stories:	*No. of Stories:		
*Are Deliveries made fr	om this	location: □ Yes □ No				
*Annual Sales:			Transaction Co	ount:		
Timidai Sales.		· 	Trunsuction Co	, unit.		
		(EG: SPORTS MI		INE ARTS, ETC.	_	
value of Property:						
	OTHE	R IMPORTANT EX	POSURES: K	ITCHEN INFO	<u>ORMATION</u>	
Have you had your grill	ducts/h	ood cleaned within the la	st 3 months?	\Box YES	\square NO	
		Contractor Providing t	he Service:			
Have you had your frye	r ducts o	cleaned within the last 6 r	nonths?	□ YES	\square NO	
		Contractor Providing t	he Service:			
Do you have a "wet" Aı	ısul syste	em at this location?		□ YES	\square NO	
		Contractor Providing t	he Service:			
Has the Ansul system be contractor within the la		ced/inspected by a qualif	ïed Ansul service	□ YES	□NO	
		Contractor Providing t	the Service:			

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*National Store #:							
Corporation Name:							
*Address:				*County:			
*City:			*State:	*Zip	Code:		
*Store Type:							
☐ Free Standing ☐ Wal-Mart			☐ In Store	□ Oil A	☐ Oil Alliance		
☐ Convenience Store	☐ Convenience Store ☐ Mall		☐ Food Court	□ Airp	☐ Airport		
□ Drive-Thru Only		☐ Satellite	☐ Other (explai	in):			
*Construction:	Construction: ☐ Frame ☐ Masonry Non Combustible		☐ Joisted Maso	nry e Resistive	☐ Non Combustible ☐ Fire Resistive		
*Are there Sprinklers:	□ Yes	□ No	*Play Land:	□ Yes	□ No		
*Square Footage:		*Year Built: _		No. of Parking	Spaces:		
*Drive-Thru:			ity:	*No. of Stories:			
*Are Deliveries made fi	om this	location: ☐ Yes ☐ No					
*Annual Sales:			T	ount:			
Exposure Description:		OTI (EG: SPORTS MI		INE ARTS, ETC.	_		
Value of Property:							
	OTHE	ER IMPORTANT EX	POSURES: KI	ITCHEN INFO	ORMATION .		
Have you had your grill	ducts/h	ood cleaned within the la	st 3 months?	□ YES	□ NO		
zzuve you zwa youz gran	44000/11	Contractor Providing t		2120	210		
Have you had your frye	or duete e	cleaned within the last 6 r		□ YES	□ NO		
mave you had your mye	1 ducis (Contractor Providing t					
D	1 4	_	me service.				
Do you have a "wet" Ai	isui syste			□ YES	□NO		
		Contractor Providing t					
Has the Ansul system be contractor within the la		iced/inspected by a qualif ths?	ied Ansul service	□ YES	□ NO		
		Contractor Providing t	the Service:				

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