



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 / OPERATOR INFORMATION**

\*Required Field – a quote will not be provided if field is left blank.

Owner/Operator Name: \_\_\_\_\_ Effective Date ☐ 3/1/\_\_\_\_ ☐ Other: \_\_\_\_\_

Main Corporate Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Region: \_\_\_\_\_

Contact : \_\_\_\_\_ E-mail : \_\_\_\_\_

Ph # : \_\_\_\_\_ Fax # : \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Type of Entity: Corporation: \_\_ Partnership: \_\_ LLC: \_\_ Other: \_\_

# of Freestanding \_\_\_\_\_ # of Satellites \_\_\_\_\_

\*Are at least 2 people signed up for the Safety Newsletter [www.ProfitFromSafety.com](http://www.ProfitFromSafety.com)? ☐ Yes ☐ No

\*Do you have any McDonald's signs or billboards located more than 1,000 feet from restaurants? ☐ Yes ☐ No

If Yes: Total Number of Signs/Billboards: \_\_\_\_\_ Total Value of All Signs/Billboards: \_\_\_\_\_

Do you have any locations with "hurricane glass" or shutters? ☐ Yes ☐ No

If Yes: Please provide location/store number(s): \_\_\_\_\_

### **OFFICE INFORMATION** (If more than one office, attach additional information)

\*Required Field – a quote will not be provided if field is left blank.

\*Address: \_\_\_\_\_ # of Stories: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*County: \_\_\_\_\_

\*Do you own the Building? \_\_\_\_\_ ☐ Lease Space \*Are there Sprinklers: ☐ Yes ☐ No

\*Building Value: \_\_\_\_\_ \*Contents Value: \_\_\_\_\_ \*Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_

Construction: ☐ Frame ☐ Joisted Masonry ☐ Non Combustible  
☐ Masonry Non Combustible ☐ Modified Fire Resistive ☐ Fire Resistive

### **STORAGE/WAREHOUSE/TRAILER INFORMATION** (If more than one location, attach additional information)

\*Required Field – a quote will not be provided if field is left blank.

\*Address: \_\_\_\_\_ # of Stories: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*County: \_\_\_\_\_

\*Do you own the Building? \_\_\_\_\_ ☐ Lease Space \*Are there Sprinklers: ☐ Yes ☐ No

\*Building Value: \_\_\_\_\_ \*Contents Value: \_\_\_\_\_ \*Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_

Construction: ☐ Frame ☐ Joisted Masonry ☐ Non Combustible  
☐ Masonry Non Combustible ☐ Modified Fire Resistive ☐ Fire Resistive

\*Insured Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# **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      ☐ Wal-Mart      ☐ In Store      ☐ Oil Alliance  
☐ Convenience Store      ☐ Mall      ☐ Food Court      ☐ Airport  
☐ Drive-Thru Only      ☐ Satellite      ☐ Other (explain): \_\_\_\_\_

\*Construction:      ☐ Frame      ☐ Joisted Masonry      ☐ Non Combustible  
                         ☐ Masonry Non Combustible      ☐ Modified Fire Resistive      ☐ Fire Resistive

\*Are there Sprinklers:    ☐ Yes    ☐ No      \*Play Land:      ☐ Yes    ☐ No

\*Square Footage: \_\_\_\_\_ \*Year Built: \_\_\_\_\_ No. of Parking Spaces: \_\_\_\_\_

\*Drive-Thru: \_\_\_\_\_ %      Seating Capacity: \_\_\_\_\_ \*No. of Stories: \_\_\_\_\_

\*Are Deliveries made from this location:    ☐ Yes    ☐ No

\*Annual Sales: \_\_\_\_\_ Transaction Count: \_\_\_\_\_

## **OTHER EXPOSURES** **(EG: SPORTS MEMORABILIA, FINE ARTS, ETC.)**

Exposure Description: \_\_\_\_\_

Value of Property: \_\_\_\_\_

## **OTHER IMPORTANT EXPOSURES: KITCHEN INFORMATION**

Have you had your grill ducts/hood cleaned within the last 3 months?      ☐ YES      ☐ NO

Contractor Providing the Service: \_\_\_\_\_

Have you had your fryer ducts cleaned within the last 6 months?      ☐ YES      ☐ NO

Contractor Providing the Service: \_\_\_\_\_

Do you have a “wet” Ansul system at this location?      ☐ YES      ☐ NO

Contractor Providing the Service: \_\_\_\_\_

Has the Ansul system been serviced/inspected by a qualified Ansul service contractor within the last 6 months?      ☐ YES      ☐ NO

Contractor 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](http://www.TheFloridaInsuranceProgram.com) Email Contact: [Vivian.Arencibia@BesnardInsurance.com](mailto: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      ☐ Wal-Mart      ☐ In Store      ☐ Oil Alliance  
☐ Convenience Store      ☐ Mall      ☐ Food Court      ☐ Airport  
☐ Drive-Thru Only      ☐ Satellite      ☐ Other (explain): \_\_\_\_\_

\*Construction:      ☐ Frame      ☐ Joisted Masonry      ☐ Non Combustible  
                         ☐ Masonry Non Combustible      ☐ Modified Fire Resistive      ☐ Fire Resistive

\*Are there Sprinklers:    ☐ Yes    ☐ No      \*Play Land:      ☐ Yes    ☐ No

\*Square Footage: \_\_\_\_\_ \*Year Built: \_\_\_\_\_ No. of Parking Spaces: \_\_\_\_\_

\*Drive-Thru: \_\_\_\_\_ %      Seating Capacity: \_\_\_\_\_ \*No. of Stories: \_\_\_\_\_

\*Are Deliveries made from this location:    ☐ Yes    ☐ No

\*Annual Sales: \_\_\_\_\_ Transaction Count: \_\_\_\_\_

## **OTHER EXPOSURES** **(EG: SPORTS MEMORABILIA, FINE ARTS, ETC.)**

Exposure Description: \_\_\_\_\_

Value of Property: \_\_\_\_\_

## **OTHER IMPORTANT EXPOSURES: KITCHEN INFORMATION**

Have you had your grill ducts/hood cleaned within the last 3 months?      ☐ YES      ☐ NO

Contractor Providing the Service: \_\_\_\_\_

Have you had your fryer ducts cleaned within the last 6 months?      ☐ YES      ☐ NO

Contractor Providing the Service: \_\_\_\_\_

Do you have a "wet" Ansul system at this location?      ☐ YES      ☐ NO

Contractor Providing the Service: \_\_\_\_\_

Has the Ansul system been serviced/inspected by a qualified Ansul service contractor within the last 6 months?      ☐ YES      ☐ NO

Contractor 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

# **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:

- |  |                                    |   |                                       |
|--|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Free Standing     | <input type="checkbox"/> Wal-Mart  | <input type="checkbox"/> In Store               | <input type="checkbox"/> Oil Alliance |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Mall      | <input type="checkbox"/> Food Court             | <input type="checkbox"/> Airport      |
| <input type="checkbox"/> Drive-Thru Only   | <input type="checkbox"/> Satellite | <input type="checkbox"/> Other (explain): _____ |                                       |

\*Construction: ☐ Frame ☐ Joisted Masonry ☐ Non Combustible  
☐ Masonry Non Combustible ☐ Modified Fire Resistive ☐ Fire Resistive

\*Are there Sprinklers: ☐ Yes ☐ No \*Play Land: ☐ Yes ☐ No

\*Square Footage: \_\_\_\_\_ \*Year Built: \_\_\_\_\_ No. of Parking Spaces: \_\_\_\_\_

\*Drive-Thru: \_\_\_\_\_ % Seating Capacity: \_\_\_\_\_ \*No. of Stories: \_\_\_\_\_

\*Are Deliveries made from this location: ☐ Yes ☐ No

\*Annual Sales: \_\_\_\_\_ Transaction Count: \_\_\_\_\_

## **OTHER EXPOSURES** **(EG: SPORTS MEMORABILIA, FINE ARTS, ETC.)**

Exposure Description: \_\_\_\_\_

Value of Property: \_\_\_\_\_

## **OTHER IMPORTANT EXPOSURES: KITCHEN INFORMATION**

Have you had your grill ducts/hood cleaned within the last 3 months? ☐ YES ☐ NO

Contractor Providing the Service: \_\_\_\_\_

Have you had your fryer ducts cleaned within the last 6 months? ☐ YES ☐ NO

Contractor Providing the Service: \_\_\_\_\_

Do you have a "wet" Ansul system at this location? ☐ YES ☐ NO

Contractor Providing the Service: \_\_\_\_\_

Has the Ansul system been serviced/inspected by a qualified Ansul service contractor within the last 6 months? ☐ YES ☐ NO

Contractor 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