BESNARD & ASSOCIATES INSURANCE

McDonald's Optional Coverages Available

(Separate Application May Be Required)

Please take time to review some available optional coverages below. You may have already purchased one of these coverages – if so, please check the appropriate box. Please be sure to fax or email this signed form with you completed QuickBind.

Coverage	Brief Description	Request Quote Check One		Already Purchased
		YES	NO	
Employment Practices Liability	Protects the employer for such issues as wrongful termination, sexual harassment, and other coverages. It is important that you understand your exposures to loss in these critical areas			
Trade Name Restoration (Food Bourne Illness)	Provided loss of business income as a result of a drop in sales related from a media-driven food bourne illness event.			
Underground Tank Liability Coverage	Claims-Made pollution liability coverage associated with underground storage tanks you own or are legally liable for.			
Excess Earth Movement	Provides excess limits over the primary policies limits.			
Excess Flood per Occurrence	Provides excess limits over the primary policies limits.			
Excess Flood Aggregate	Provides excess limits over the primary policies limits.			
Directors & Officer (For Profit Boards)	Insured corporate directors and offices against claims, usually by stockholders or employees, alleging loss arising from mismanagement.			
UM/UIM Coverage (FL, LA, NH, and WV only)	Uninsured Motorist Coverage remains excluded on your Umbrella Liability form in the States listed and can be purchased per vehicle.			
Network Security / Cyber Liability	Provides limits for third party claims related to credit card or identity theft.			
ACH/Wire Fraud	Provides limits for bank, ACH, or Wire related fraud/ theft.			
Personal Excess/Umbrella	Provides limits from 3-25 million for personal liability protection exclusive to McDonald's owner/operators.			
Wind Deductible Buy-Down	Lower your named storm wind deductible for 1 or more locations with this product.			

☐ I am not interested in any of the above coverages

_____ _____

Signature Company/Entity Name

_____ _____

Printed Name Date

FAX BACK TO: (877) 644-3670

This is just a summary - Contact Us For Full Coverage Details