



Restaurant 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:			Insurance Contact Person:		
City:	State:	Zip:	Phone:		
Email:			Fax:		

Section 2 – Sales (Used for GL Quote)

Estimated Annual Receipts/Sales:		Full-Time Employees:
Annual Total Payroll:		Part-Time Employees:

Section 3 – 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.) Has any Insurance policy ever been cancelled or non-renewed? _____ If yes, why? _____
- 4.) Have you ever declared bankruptcy? _____
- 5.) Do you deliver food? _____ Do you charge extra for Deliveries? _____ What % of Sales is Delivery? _____
- 6.) Do you have a Central Alarm system? _____
- 7.) What are your Store Hours? _____
- 8.) Are your parking lots level, have painted lines, no potholes, and well maintained? _____
- 9.) Crime in area (check one)? Low __ / Moderate __ / High __
- 10.) Do you have just one Named Insured (like a Bank, Landlord, etc.)? _____ If No, how many? _____
- 11.) Do you have any other Businesses? _____ If Yes, please explain? _____

Current Insurance: Work.Comp: _____ Prop/GL: _____ EPLI: _____ Other: _____

_____ 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.
 Location Schedules – Please provide back the next page(s) or send us a spreadsheet, etc.

