

APPLICATION FOR RESTAURANT

Insured Name/ Business: _____

Mailing Address: _____

Location Address: _____

Federal I. D #: _____

Inspection Contact: _____ Phone: _____

Applicant:

Individual

Corporation

Partnership

LLC

Proposed effective date: ____ / ____ / ____

Description of operation: _____

Years in business: _____ Years under current management: _____

Hours of operation from: _____

Number of employees: Full-time: _____ Part-time: _____

Live entertainment: Describe: _____

Catering? Explain (i.e. weddings, functions): _____

Property Section

Location (1) (if there is more than one location fill out separate application)

Coverages / Limits needed:

Building: \$ _____

Contents: \$ _____

Deductible: \$ _____

Outdoor Sign: \$ _____

Property:

Construction: _____

Year Built: _____

Square Footage: _____

Protection Class: _____

Updates:

Roof: _____ (year)

Plumbing: _____ (year)

Heat: _____ (year)

Electric: _____ (year)

Smoke Detectors YES NO

Sprinkler Systems YES NO

Alarms: Burglar - YES NO

Fire - YES NO

Liability Section

Total Receipts \$ _____

Food: \$ _____ Liquor: \$ _____

License Type: _____ Number: _____

List previous carrier:

Company Name, Effective Dates, & Policy #: _____

Loss History (Last 5 yrs):

