

RESTAURANT INSURANCE APPLICATION



About you

Your name: _____
Your phone number: _____
Your email address: _____
Portfolio brands: _____
of Restaurants in your portfolio: _____
of Restaurants under development: _____
May we do a complete insurance program review? _____

Please complete one for each location

About Your Restaurant

Legal Entity Name: _____
Address of Property: _____
City / ST / ZIP: _____
FEIN: _____
Restaurant Brand: _____
Own or Manage: _____
Insurance Needed By (date): _____

(mm/dd/yyyy)

Property insurance information

Replacement cost for Building coverage: \$ _____
Replacement cost for Contents coverage: \$ _____
Replacement cost for Detached Signs: \$ _____
Business Income Value: \$ _____
Desired Deductible: \$ _____
Optional Deductible: \$ _____

Liability insurance information

Estimated Annual Revenue: \$ _____

Workers' Compensation insurance information

Estimated Annual Payroll: \$ _____
Estimated Number of Employees (FT/PT): _____ / _____

Property description

of Rooms: _____
of Buildings: _____
of Stories: _____
Building Square Feet: _____
Construction type (frame, concrete, etc.): _____
Year Built: _____
Flood Zone: _____
Sprinklers: yes no
 if yes, % sprinklered: _____

Tableside Cooking:	yes	no
Wood Burning Stove or Fireplaces:	yes	no
Non-slip Floors:	yes	no
Fire Extinguishers:	yes	no
Central Station Fire Alarm:	yes	no
Playground:	yes	no
24-Hour Operations:	yes	no
Liquor:	yes	no

Click to clear form:

