



# Restaurant / Deli - Quick Application

SIU Producer #: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Property Address: \_\_\_\_\_

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

Insured is:  Corporation  Partnership  Individual Other: \_\_\_\_\_

Is the building?  Owned  Leased

No. of Years in Business: \_\_\_\_\_ Years Experience in this Industry: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Total Annual Gross Receipts/Sales: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

Percentage of Receipts are Alcohol Sales% \_\_\_\_\_

## Property Section

Description of Operations (table service, take out ...) \_\_\_\_\_

Construction:  Frame  Jpisted Masonry  Non-Combust  Masonry Non-Combust

Year Built: \_\_\_\_\_ Square Feet: \_\_\_\_\_ No. Stories: \_\_\_\_\_

Inside or Outside City Limits? \_\_\_\_\_ Protection Class: \_\_\_\_\_

Year Wiring Updated/installed: \_\_\_\_\_ Year Plumbing Updated/installed: \_\_\_\_\_

Year Heating Updated/installed: \_\_\_\_\_ Year Roof Updated/installed: \_\_\_\_\_

Sprinkler system throughout entire structure?  Yes  No

Burglar Alarm Type:  Local  Central  Direct

Fire Alarm Type:  Local  Central  Direct  Hardwire  Battery

Do All Cooking surfaces have functioning Automatic Extinguishing System?  Yes  No

Live Entertainment provided:  Yes  No If yes, explain: \_\_\_\_\_

## Property Limits/Coverage

Coverage	Co-Ins	Deductible	Cause of Loss	Valuation	Limits
Building:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
BI:	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> ML	\$ _____

Sign: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

Crime Coverage: Employee Dishonesty \$ \_\_\_\_\_ Money/Securities \$ \_\_\_\_\_ Ded \$ \_\_\_\_\_

Equipment Breakdown Coverage Desired?  Yes  No Spoilage Limit: \_\_\_\_\_ Ded \$ 500

**Liability Limits (per Occurrence)**

General Aggregate (other than Products/Completed Operations) \$ \_\_\_\_\_

Products & Completed Operations Aggregate \$ \_\_\_\_\_

Personal & Advertizing Injury (Any one person or organization) \$ \_\_\_\_\_

Each Occurrence \$ \_\_\_\_\_

Damage to Premises Rented to You (Any one Premises) \$ \_\_\_\_\_

Medical Expense (Any One Person) \$ \_\_\_\_\_

Liquor Liability needed?  Yes  No If yes, Limits : \$ \_\_\_\_\_ Sales \$ \_\_\_\_\_

Umbrella policy needed ?  Yes  No If yes, Limits : \$ \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Additional Insured: \_\_\_\_\_

**Loss History**

Current Carrier: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Any Property and or Liability Losses:  Yes  No If yes, explain below;

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**Auto Coverage**

Do you need Hired/Non-Owned Commercial Auto Liability Coverage?  Yes  No Limit: \_\_\_\_\_

Annual Cost of Hire: \_\_\_\_\_ No. of Drivers: \_\_\_\_\_ Delivery Provided?  Yes  No

**Owned Autos**

Liability Coverage?  Yes  No Physical Damage Coverage?  Yes  No

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN #</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Drivers Name</u>	<u>Date of Birth</u>	<u>Drivers License Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_