

Restaurant Application

Agent Email

*Required Fields

APPLICANT INFOR	RMATION								
CONTACT AND BUSINE	SS INFORMATION								
Applicant Business Name				Doing Business As (Optional)					
Requested Effective Da	te		Ap	pplicant Phone Numbe	er				
Applicant Contact Name	9		Applicant Email						
Business Address		Cit	y State			Zip			
Mailing Address (if diffe	rent than business)		Business Ownership Structure						
UNDERWRITING IN	NFORMATION								
Full-time Employees	imployees Part-time Employees Year Business Started			Average hours open daily Maximum Occupancy					
Classification Description				Does the establishm (Select all that apply		y of the follow	wing?		
	al Dining Restaurants		Happy hour between 8pm-close						
Full Service / Fine	Dining Restaurants		Operate between the hours of midnight and 5am						
Quick Service / Lin	nited Cooking		Alcohol service over two hours after food service ends						
Wine Bars / No Co	mmercial Cooking	Alcoholic drink specials under \$4, buy-one-get-one offers, complimentary drinks, or all-you-can-drink specials							
				Amusement de throwing, darts		vities (e.g. m	echanical bulls, axe		
				Live concerts w	vith 3 or mor	e performers	i .		
				Door bouncers					
				Sports activitie			bowling)		
				Animals in cool					
		Hosting special events beyond standard in-house promotions (e.g. street fair, block party)							
	Dance floor								
			ATM						
		Hookah							
				None of the ab	ove				



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Underwriting Question		
Does management have at least 3 years' experience in managing foodservice establishments?	Yes	No
Does the business have more than one location?	Yes	No
Has the business filed any claims in the past 3 years?	Yes	No
If "Yes" number of claims:		
If "Yes" did the total incurred value of claims exceed \$50,000?		
Does the establishment use deep fat fryer units	Yes	No
and how many?		
Is the establishment responsible for a parking lot?	Yes	No
Is the establishment cash only?	Yes	No
Does the establishment have stairs used by patrons?	Yes	No
If "Yes" do the following apply:		
- Adequate illumination	Yes	No
- In good repair with no visible torn or frayed carpet, or cracked or broken steps	Yes	No
- Slip-resistant surface	Yes	No
- Sturdy handrail	Yes	No
Is there a playground on the premises?	Yes	No
If "Yes" the following apply to the playground:		
- Equipment securely anchored	Yes	No
- Loose-fill or unitary impact surfacing material	Yes	No
 No protrusions or openings that can entangle something around a child's neck or clothing 	Yes	No
- No metal chain swings	Yes	No
- No trampolines	Yes	No
- No spiral slides with over one 360 degree turn	Yes	No
 No equipment that allows children to fall inside the structure and onto other parts of the structure 	Yes	No
- No teeter-totters or gliders	Yes	No
Are there any remodeling or renovation projects planned for the applicant's premises during the policy term?	Yes	No
Does the applicant have any of the following exposure (Select all that apply)	es?	
Own and operate a food truck or food cart		
Operate a temporary food stand at events		
Sublease the insured location as a ghost kitchen	at any tim	ie
Operate a virtual brand out of the insured location	on	
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Required Fields					
What type of fire alarm is located at the premises? (Select one)					
UL with certificate					
Central station					
Local					
None					
What type of burglar alarm is located at the premises? (Select one)					
Central station Local None					
What type of security cameras are located at the premises? (Select one)					
Centrally monitored Recording only None					
Are any of the following types of cooking performed? (Select all that apply)					
Solid fuel Wok Charbroiling None					
How often are hoods, grease removal devices, fans, and ducts inspected and cleaned by a properly trained and certified technician? (Select one)					
Never					
Annually					
Semi-annually					
Quarterly					
Monthly					
Not applicable (no commercial cooking)					
Does the establishment utilize any of the following third-party delivery services? (Select one)					
Uber Eats, Doordash, etc.					
Robotic delivery					
No third-party delivery					
Does any of the following apply to the business, or any of its officers, owners, or partners (Select all that apply)?					
Been convicted of a felony in the past 5 years					
Declared bankruptcy					
Had business-related lawsuits, mediations, or arbitrations filed against them					
Become aware of any losses, accidents, or circumstances that might give rise to a claim against this policy					
Had their commercial insurance coverage canceled, revoked, or non-renewed in the last 5 years (other than cancellation for non-payment or non-renewal for discontinuation of program) (Not applicable in MO)					
None of the above					

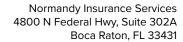


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LIABILITY	
General Liability Limits (Select one)	Liquor Liability Limits (Select one)
\$500,000 / \$1,000,000	No coverage
\$1,000,000 / \$2,000,000	\$100,000 / \$100,000
\$2,000,000 / \$4,000,000	\$300,000 / \$300,000
	\$500,000 / \$500,000
Gross Annual Sales (\$)	\$1,000,000 / \$1,000,000
Paragraph from Catarina (9/)	Hired and Non-Owned Auto Limit (Select one)
Percent from Catering (%)	No coverage
	\$500,000
Percent from Alcohol (%)	\$1,000,000
	Hired and Non-Owned Auto Acknowledgement
	Hired and non-owned autos will not be used for Yes No delivery of individual orders or catering.

PROPERTY					
Construction Type	Property Coverages (\$)				
Frame	Building Limit				
Joisted Masonry					
Non-Combustible	Tenant's Improvements and Betterments Limit				
Masonry Non-Combustible	Included in Business Personal Property Limit				
Modified Fire Resistive	Business Personal Property Limit (\$)				
Fire Resistive					
Roof Type	Property Deductible				
Shingle	\$500 \$1,000 \$2,500 \$5,000				
Membrane					
Metal					
Tar and Gravel					
Tile	\$10,000				
Wood Shake	\$25,000				
	Is the establishment in any of the following?				
Sprinkler? Yes No	Attached to habitational structure (apartments, condos) If "Yes" do any of the following below also apply:				
Total Area of building or unit	Single unit used by the owner or general manager				
occupied by applicant (SQFT): Year Built	Restaurant spaced separated by a fire wall from all habitational units rated for 2 hours (non-sprinklered) or 1 hou (sprinklered) Stand alone building				
Latest Roof Update					
Latest Plumbing Update	Strip shopping center				
	Enclosed mall				
Latest Electrical Update	None of the above				



Date



Applicant Signature

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Would you like to customize or add any additional co	verages?		Please list any restaurant associations the applicant belongs to
Premier Package (if "No" Primary will be included)	Yes	No	below:
Equipment Breakdown (Included in Premier)	Yes	No	
Food Spoilage (\$2,500 Primary / \$25,000 Premier)	Yes	No	
Limit (\$100,000 max):			
Back Up of Sewers and Drains (\$5,000 Premier)	Yes	No	
Limit (\$50,000 max):			
Outdoor Signs (\$10,000 Premier)	Yes	No	
Limit (\$50,000 max):			
Fine Arts	Yes	No	
Limit (\$50,000 max):			
Additional Discounts (Check all applicable)			
Business maintains a formal employee training pemployee handbook	orogram a	and	
Business's full-time employee turnover was less the past 12 months	than 50%	over	
The business maintains a formal preventative m program	aintenanc	ce	
The business maintains a formal food safety pro designated food safety manager certified by an accredited program or equivalent			
Business maintain a public Google Business Pro Business page	file or Yel	р Му	
Is the business part of a franchise? (If "Yes" plea	se list bel	ow):	
CICNIATURE			
SIGNATURE			
The undersigned is an authorized representative of the tions on this application and represents that the answer			esents that reasonable inquiry has been made to obtain the answers to ques and complete to the best of their knowledge.
Due dissess Circumstance		B	Date Date
Producer Signature Pro			cer Name Date

Applicant Signature