



Restaurant / Deli - Quick Application

SIU Producer #: _____

Name of Business DBA: _____

Corporation Name: _____ Effective Date: _____

Owner Name: _____ Phone: _____

Inspection Contact: _____ Phone: _____

E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Insured is: Corporation Partnership Individual LLC

No. of Years in Business: _____ Years Experience in this Industry: _____

Any bankruptcies or foreclosures in the last 5 years? Yes No

Hours of Operation: _____ Total Number of Employees: _____

Total Annual Store Receipts/Sales: \$ _____

Percentage of Gross Store Receipts are Alcohol Sales %: _____

Live Entertainment provided: Yes No # of Days per Week? _____ Bouncers: Yes No

Property Section

Type of Business: _____

Construction: Frame Joisted 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 None

Fire Alarm Type: Local Central Direct Hardwire Battery None

Type of cooking on premises: Fryer Microwave Hot Plates Grill

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

Type of Automatic Fire Suppression System. Wet Dry NA UL-300 approved? Yes No

Fire suppression system & hood/duct with semi-annual maint/clean contract? Yes No NA

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) _____ \$ _____

Spoilage Limit: _____ Ded \$ 500

Crime Coverage

Employee Dishonesty \$ _____ Money & Securities \$ _____ Ded \$ _____

Are money and securities stored in a safe or vault? Yes No

Equipped with UL certified, centrally monitored burglar alarm w/ door/ window contacts? Yes No

Equipped with a panic/hold-up alarm? Yes No

Equipment Breakdown Coverage Desired? Yes No

Liability Limits (per Occurrence)

Each Occurrence \$ _____

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

Products & Completed Operations Aggregate \$ _____

Personal & Advertising Injury (Any one person or organization) \$ _____

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

Medical Expense (Any One Person) \$ _____

Any firearms or armed security on the premises? Yes No

Liquor Liability Yes No If yes, Limits Desired : \$ _____

Are they licensed to sell? Yes No Any prior alcohol violations? Yes No

Any package store alcohol sales after 2 a.m.? Yes No

Are servers required to complete formal alcohol awareness training? Yes No

Procedures in place to regulate the sale of alcohol to minors (ID requirement)? Yes No

Procedures in place to reserve right to sell/service those who appear intoxicated? Yes No

Umbrella Yes No If yes, Limits Desired : \$ _____

Extend coverage over auto? Yes No
Company Name: _____ Underlying limit? _____

Extend coverage over employers liability? Yes No
Company Name: _____ Underlying limit? _____

Auto Coverage

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

Mortgage: _____

Additional Insured: _____

Loss History Current Carrier: _____ Policy Expiration Date: _____

Any Prior Losses for All lines of business: Yes No If yes, explain below:

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

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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: _____