

Quotation Questionnaire

Customer Information

Effective Date desired: _____

Name of Insured: _____

DBA: _____ Years in Business: _____

Contact Person: _____ Phone Number: _____

Premise Address: _____

City: _____ State: _____ Zip: _____

Business Hours (must be closed before 12:00 midnight): _____

Any Delivery? Yes No If yes, what is % of total sales? (must be less than 5%) _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Type: Individual Partnership Corporation
 Joint Venture Limited Corporation Others _____

Program: Restaurant Retail Office

New Venture? Yes No If Yes, years of experience in similar business: _____

Past Loss History must be indicated: Any claims lost 3 years? Yes No
(if there are claims, list type, \$ and year) _____

Property

Building: \$ _____ Business Personal Property: \$ _____

Glass Linear Feet: _____ Area of Building: _____ Area Occupied: _____

Sprinkler: Yes No Central Station Alarm: Yes No

Construction Type: Frame Joist Masonry Non Combustible
 Masonry NC Modified FR Fire Resistive

Year Built: _____ Year Remodel: _____ Number of Stories: _____

Is Building Stand alone? Yes No Peril of THEFT excluded? Yes No

Occupant is: Tenant Owner

Number of Occupancies in Building: _____ Any Vacancies in building? Yes No

Is Building part of a shopping center? Yes No Any Vacancies? Yes No

If Yes (vacancies), please explain: _____

Deductible: \$500 \$1,000 \$2,500

Optional Coverage (if needed) Bailee Coverage: \$ _____

Outdoor Sign Coverage: Yes No If Yes, \$ _____

Spoilage: \$ _____ (\$7,500 is automatically provided for Restaurant risks) Page 2

Water Damage: \$ _____

Others: _____

Crime Coverage

Money and Securities: \$5,000/\$5,000 Others \$ _____

Class C Safe: Yes No Max Money Overnight: \$ _____

Liability

Liability Limit: \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Annual Gross Sales: \$ _____

Liquor Liability: (if needed) \$300,000 \$500,000 \$1,000,000

 If needed, Annual Liquor Sales: \$ _____

 If needed, is Beer and Wine Sold Only? Yes No

Additional Insured Information: (if needed)

Type: (Landlord; Mortgagee; Equipment Lessee etc.) _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Expiring Premium: \$ _____

RESTAURANT RISK QUESTIONS (must complete):

Any amusement devices: Yes No If yes, how many? _____

Fire protection over cooking surfaces & frying vats? Yes No

Ducts cleaned professionally? Weekly Monthly Quarterly Annual No

Grease traps cleaned regularly? Daily Weekly Monthly No

Additional Remarks:

Restaurant only: Please complete

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is it a Restaurant Risk? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are there any "Lazy Susans" on premises?
If yes, how many of them? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | _____ Lazy Susans | |
| 3. Does you have open flame cooking area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is there an ANSUL extinguishing system installed
in the hood in the cooking area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. What is the last service date for the ANSUL
system? | Last Service Date: _____ | |
| 6. When was the last date that the cooking hood was
cleaned? | Last Service Date: _____ | |
| 7. Do they have sprinkler (100% covered insured
premises)? If yes, please take a picture of a
sprinkler head for our file. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. How many fire extinguishers on premises? | _____ Extinguishers | |
| 9. Do they have central burglar alarm installed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. What is the name and the phone number of the
alarm company? | | |
| Alarm Company Name: _____ | Phone _____ | |

Brief description of business nature:

Insured Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Warranty: The purpose of this supplemental questionnaire is to assist in the underwriting process information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This supplemental questionnaire shall be the basis of any insurance that may be issued and will be a part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage or recession of policy and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given. Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim coverage containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.