



## Small Restaurant Application

**INSTRUCTIONS:**

- 1. ALL QUESTIONS MUST BE ANSWERED IN FULL. INCOMPLETE APPLICATIONS WILL **NOT** BE PROCESSED
- 2. BINDING REQUESTS MUST HAVE ALL SECTIONS SIGNED

Producer: \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant Name \_\_\_\_\_

**SSN or FEIN** \_\_\_\_\_ \*Required to comply with the OFAC per USA Patriot Act of 2001

Business Name (DBA) \_\_\_\_\_

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

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

Individual     Partnership     Joint Venture     Corporation     Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Inspection Hours \_\_\_\_\_ Phone \_\_\_\_\_

Requested Effective Date \_\_\_\_\_ Annual Policies Only

Years in Business \_\_\_\_\_ Years of Experience in this field \_\_\_\_\_

**NATURE OF BUSINESS**

|  |
|--|
| <input type="checkbox"/> Class A: Fast food or refreshment stands No Table Service   |
| <input type="checkbox"/> Class B - Table service with liquor sales less than 30% of gross receipts public area under 2,500 square feet |
| <input type="checkbox"/> Class C - Larger Restaurants liquor sales less than 40% of receipts public area less than 4,000 square feet   |

**PRIOR CARRIER / LOSS INFORMATION**

| Prior Carrier (Last Three Years) – If no prior attach New Business Supplement and check here <input type="checkbox"/> |                   |         |              |                      |        |
|---|-------------------|---------|--------------|----------------------|--------|
| Year  | Insurance Company | Premium | Date of Loss | Total Paid + Reserve | Status |
|   |                   |         |              |                      |        |
|   |                   |         |              |                      |        |
|   |                   |         |              |                      |        |

Do you have knowledge of any event other than a reported loss which might give rise to a claim?

Yes  No

During the past three years, has any insurance company ever canceled, declined or refused to issue any similar insurance?  Yes  No Explain all YES answers: \_\_\_\_\_

**RESTAURANT UNDERWRITING QUESTIONS**

|   |                        |  |   |
|---|------------------------|--|---|
| 1. Number of years in this type of business?  |                        |  |   |
| 2. Number of Years this Business has been in operation?   |                        |  |   |
| 3. Provide Gross Receipts for Food and Alcoholic Beverages:   |                        | Food:  | Alcohol:                                  |
| 4. Alcoholic Beverage service is:   |                        | <input type="checkbox"/> Beer & Wine Only                            | <input type="checkbox"/> Full Bar Service |
| 5. Table Service? (Waiters or Waitresses)   |                        | <input type="checkbox"/> Yes   | <input type="checkbox"/> No               |
| 6. Provide Hours of Operation:  |                        |  |   |
| 7. Provide Contact Person for Inspection  |                        |  |   |
| 8. Are all parking areas paved?   |                        | <input type="checkbox"/> Yes   | <input type="checkbox"/> No               |
| <b>PROPERTY AND PREMISES UNDERWRITING QUESTIONS</b>   |                        |  |   |
| Is the premise equipped with active Central Station Burglar Alarm System?   |                        | <input type="checkbox"/> Yes   | <input type="checkbox"/> No               |
| Type of Wiring:   |                        | <input type="checkbox"/> Copper                                      | <input type="checkbox"/> Aluminum         |
| Are there operable fire extinguishers mounted and easily accessible?  |                        | <input type="checkbox"/> Yes   | <input type="checkbox"/> No               |
| Is the building 100% Sprinklered?   |                        | <input type="checkbox"/> Yes   | <input type="checkbox"/> No               |
| Type of electrical wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum  |                        | Up to Code? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Describe the condition of the premise(s) <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Improving     |                        |  |   |
| Type of Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Metal/Steel <input type="checkbox"/> Other Non-combustible |                        |  |   |
| Year Built:   | Year Updated – Wiring: | Plumbing:  | Roofing: HVAC:                            |
| Total Area:   | Customer Area:         | Patio Area:<br>Percentage of Use:                                    |   |
| Protection Class:   |                        | Fire District:   |   |

**COOKING HAZARD UNDERWRITING QUESTIONS**

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| Is any type of cooking done on the premises besides microwave heating?  |  | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No           |
| Type of auto extinguishing system:  |  | <input type="checkbox"/> Wet Chemical (UL300) | <input type="checkbox"/> Dry Chemical |
| Does the auto extinguishing system cover all surfaces including fryers?   |  | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No           |
| Is there a Service Contract for Flue Cleaning and auto extinguishing system?                                    |  | <input type="checkbox"/> 3 months             | <input type="checkbox"/> 6 months     |
| Is there an Automatic Gas or Electric Shutoff with manual pull?   |  | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No           |
| Are hoods & ducts equipped with filters?  |  | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No           |
| How often are filters cleaned? <input type="checkbox"/> Every Month <input type="checkbox"/> Every Three Months |  | <input type="checkbox"/> Every Six Months     |                                       |
| Are portable fire extinguishers mounted and accessible to cooking areas?  |  | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No           |
| Is there a Wood Fired Pizza Oven?   |  | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No           |
| If Yes, please provide manufacturer and model number  |  |   |                                       |

**PROPERTY COVERAGE REQUESTED LIMITS**

| COVERAGE  | Co-Ins  | LIMITS    | CAUSES OF LOSS  | DEDUCTIBLE   |
|---|---|-----------|---|--|
| Building Coverage                               | <input type="checkbox"/> 90%<br><input type="checkbox"/> 80%  |           | <input type="checkbox"/> Special Including Theft<br><input type="checkbox"/> Special Excluding Theft<br><input type="checkbox"/> Basic  | <input type="checkbox"/> \$500<br><input type="checkbox"/> \$1000<br><input type="checkbox"/> \$2500 |
| Business Personal Property                      | <input type="checkbox"/> 90%<br><input type="checkbox"/> 80%  |           | <input type="checkbox"/> Special Including Theft<br><input type="checkbox"/> Special Excluding Theft<br><input type="checkbox"/> Basic  | <input type="checkbox"/> \$500<br><input type="checkbox"/> \$1000<br><input type="checkbox"/> \$2500 |
| Business Income                                 | <input type="checkbox"/> 100%<br><input type="checkbox"/> 90%<br><input type="checkbox"/> ¼ Monthly<br><input type="checkbox"/> ½ Monthly |           | <input type="checkbox"/> Same as above<br><input type="checkbox"/> With Extra Expense<br><input type="checkbox"/> Without Extra Expense |  |
| <b>Outdoor Signs</b>                            |   |           |   |  |
| Additional Included Coverages \$1000 Deductible | Newly Acquired property (building)  | \$250,000 | Inventory and Appraisals  | \$10,000   |
|   | Newly Acquired Property (contents)  | \$100,000 | Money and Securities (In and Out)   | \$5,000  |
|   | Accounts Receivable   | \$25,000  | Property of Others  | \$25,000   |
|   | Computers (not EDP Form)  | \$25,000  | Outdoor Property  | \$10,000   |
|   | Demolition and ICC (combined limit)   | \$100,000 | Personal Belongings   | \$10,000   |
|   | Extra Expense   | \$25,000  | Property In Transit   | \$10,000   |
|   | Fine Arts   | \$25,000  | Sewer Back Up (Contingent coverage only)  | \$25,000   |
|   | Fire Department Service Charge  | \$25,000  | Temporary Location  | \$25,000   |
|   | Food Spoilage - Equip. Breakdown  | \$5,000   | Valuable Records  | \$25,000   |

**LIABILITY REQUESTED LIMITS AND OPTIONS**

|  |   |   |
|--|---|---|
| <p><u>GENERAL LIABILITY</u> Including<br/>Personal Injury and Advertising Injury<br/>Assault &amp; Battery<br/>Premises Damage        \$100,000<br/>Medical Expense         \$5,000</p>    | <p><u>DEDUCTIBLE</u><br/><input type="checkbox"/> \$ 500<br/>Property Damage Only</p> | <p><u>LIMITS OF LIABILITY</u><br/><input type="checkbox"/> 100,000 CSL / 200,000 AGGREGATE<br/><input type="checkbox"/> 300,000 CSL / 600,000 AGGREGATE<br/><input type="checkbox"/> 500,000 CSL / 1,000,000 AGGREGATE<br/><input type="checkbox"/> 1,000,000 CSL / 2,000,000 AGGREGATE</p> |
| <input type="checkbox"/> Include <u>Liquor Liability</u> – Same Limits as General Liability. Written as Included sharing the same Aggregate.   |   |   |
| <input type="checkbox"/> <u>Catering Liability</u> : Same Limits as General Liability.<br>Provide receipts from Catering:<br>Food:<br>Alcoholic Beverages:                                 |   |   |
| <input type="checkbox"/> Additional Insured: Provide Name, Address and Interest of Additional Insured<br><input type="checkbox"/> Landlord: _____<br><input type="checkbox"/> Other: _____ |   |   |

**AGREEMENTS SECTION**

**INSPECTION FEE**

A fully earned Inspection fee of \$150 is charged for the purpose of having the insurance company arrange loss control evaluation. This fee is applicable to new policies and renewals at the discretion of the underwriter and is in effect until revoked in writing. By signing below you are agreeing to this fee.

**POLICY FEE**

A fully earned Policy fee of \$175 is charged to offset the cost of producing and delivering the policy. The Fee also offsets the cost of any endorsements adding or deleting coverages or conditions with the exception of Non-Payment Reinstatements which have their own fee. Each year a new policy is required. By signing below you are agreeing to this fee.

**NON-PAYMENT REINSTATEMENT FEE**

A fully earned fee of \$25 is charged to offset the cost of reinstatement procedures. By signing below you are agreeing to this fee.

**APPLICATION AGREEMENTS**

I (the insured as shown) have reviewed all five pages of this application and confirm that the coverages and limits selected are the only ones I want to purchase. I understand that no coverage will be afforded with this application except those coverages specifically checked on this application. I agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I warrant that all information on this entire application is true and correct and that any incorrect information may void all coverages from the effective date. I further agree to notify the company in writing of all new employees and independent contractors within 10 days of hiring. I understand that failure to report all employees and independent contractors whether or not they drive autos can result in cancellation of the policy, voided coverage, denial of a claim or increase in premium.

I understand that an offer of insurance and premium quoted is based upon the prior loss history as represented in this application. If it is determined that the prior loss history is not as indicated in this application, the policy may be void, subject to cancellation, or an increase in premium.

I AUTHORIZE ANY PRIOR INSURANCE COMPANY TO RELEASE ALL OF MY CLAIMS AND UNDERWRITING INFORMATION DIRECTLY TO CRES INSURANCE SERVICES, LLC.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BROKERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_