

Named Insured: _____ Phone: _____
 Mailing Address: _____ Fax: _____
 Location Address: _____ Contact Name: _____
 _____ Best Time to Contact: _____

PLEASE COMPLETE THE FOLLOWING TO ASSIST US IN PROVIDING OUR MOST COMPETITIVE INSURANCE QUOTATION:

1 Name of Restaurant: _____
 2 Franchise? Yes No If yes, what is franchise name? _____
 3 Years in operation under **your** ownership? _____ If less than 3 years, describe previous experience: _____

4a The following exposures are generally unacceptable. Please discuss with your agent.
 Please check if applicable:
 ___ Check cashing services? ___ Children's playgrounds?
 ___ Valet Parking? ___ Liquor license revoked in last 5 years?
 ___ Firearms kept for security? ___ Is business seasonal/closed at any time during year?
 ___ Any docks, piers or wharves? ___ Is a cover charge made?
 ___ ABC violations in last 5 years? ___ Live entertainment or dancing?
 ___ Pool tables or dart boards? ___ Any tableside cooking?
 ___ Are bouncers employed? ___ Gas pumps on premises?
 ___ Happy hours? ___ Sporting/game activities? Dart boards?
 ___ Security guards used? ___ Insurance cancelled or non-renewed in last 3 years?

4b Please check if any of the exposures listed below exist:
 ___ Bar or tavern included? ___ Any delivery services? ___ Any catering activities?
 ___ Alcoholic beverage sales? ___ Video games? ___ Banquet facilities?

Please explain any "YES" answers to 4a or 4b above:

5 Annual gross food sales \$ _____
 6 Average gross liquor sales \$ _____
 7 Total "PUBLIC AREA," (includes, hallways, restrooms, patios, as well as dining rooms): _____ Sq. Feet
 Please DO NOT include banquet areas.
 8 Total banquet room area: _____ Sq. Feet **NOTE:** Do *not* include in #7 above.
 9 Hours of Operation: Weekdays: _____ Weekends: _____
 10 Table service? Yes No Self service? Yes No
 11 Is there a parking lot? Yes No If yes, is it shared with a shopping center? Yes No
 12 Is there a U.L. approved automatic fire suppression system in the vent hood and ducts covering ALL cooking areas? Yes No
 13 Any deep fat frying? Yes No If yes, automatic shut-off? Yes No
 14 Is there a hood and duct cleaning service under contract? Yes No
 15 How often is the hood and duct system cleaned? _____
 16 Please describe type of burglar alarm? (Central station, Local gong, etc.) _____
 17 Is building(s) fully partially* or not sprinklered? *details: _____

18 Is building(s) currently undergoing any remodeling/renovation work? Yes No If yes, please explain:

Signature & Title _____ Date _____