

FRANCHISE FOOD PACKAGE APPLICATION

Owner Operator Name: _____ Number of Years in Business: _____

Named Insured: _____ Your Insurance Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Region: _____

Telephone: _____ Fax: _____ Contact Email: _____

FEIN: _____ Individual Corporation Partnership LLC Joint Venture Other

Current Package Insurer: _____

Current Package Premium: \$ _____

Total Number of Stores: _____ Number of Freestanding: _____ Number of Satellites: _____

DEDUCTIBLE OPTIONS FOR QUOTE: General policy deductible is \$2500, unless indicated. Other deductible options are available.

Please check if another deductible option is requested.

\$5,000 \$10,000 \$25,000

Do you carry Employment Practices Insurance? Yes No

Limits: _____ Retention: _____

EMPLOYEE COUNT: FULL-TIME: _____ PART-TIME: _____

If so, current carrier: _____ Premium: _____

Owner Operator Signature _____

Date _____

STORE INFORMATION

Store Number: _____

Please make copies as necessary for each store.

Store/Corporate Name: _____ County: _____

Store Address: _____ City: _____ State: _____ Zip: _____

Building Limit: _____ Business Personal Property: _____ Business Income: _____

1. Year store was built: _____ Year store was renovated: _____
 Square footage: _____ Number of parking spaces: _____
 Seating capacity: _____ Number of stories: _____

Number of stories in this restaurant open to the public: _____

2. The hood/duct systems have been cleaned over the fryers within the last six months? Yes No
 3. The hood/duct systems have been cleaned over the grills within the last three months? Yes No
 4. The ANSUL system has been serviced/inspected by a qualified company within the last six months? Yes No
 5. The ANSUL system is a liquid R102 fire suppression system? Yes No

6. Store type: Freestanding Mall Oil Alliance Food Court In-store
 Strip Center Airport Storefront Satellite

7. If you have a store that is not freestanding (e.g. In-store, Storefront, Mall, Food Court, Satellite), are you responsible for insurance on the building? Yes No

8. Construction Type: Frame Masonry Masonry Non-Combustible
 Joisted Masonry Modified Fire Resistive Fire Resistive

9. ATM at the store location? Yes No
 If yes, then do you own? Yes No

10. Playland? Yes No
 If yes, is it "Softplay"? Yes No
 If yes, then Interior Exterior

11. Security guards? Yes No
 If yes, then armed? Yes No

12. Open 24 hours? Yes No
 If yes, is the store limited to "Drive-thru-only" between 11pm and 5am? Yes No

13. Outdoor Signs (over 1,000 ft away from the store): Yes No Sign(s) Value: \$ _____

14. Fully sprinklered? Yes No

16. Fire alarm? Yes No

18. Burglar alarm? Yes No

20. Alcoholic beverages sold? Yes No

22. Drop safe? Yes No

15. In-store office? Yes No

17. No-skid floor? Yes No

19. Bathrooms locked? Yes No

21. Formal safety program? Yes No

23. Surveillance cameras? Yes No

- 23A. Number of digital cameras? _____

24. How is money picked up? Owner Manager Armored Car

Estimated Annual Sales: \$ _____

Estimated % Drive-thru: \$ _____

Estimated Annual Transaction Counts: _____

NON-STORE EXPOSURES

Office Locations (not located in a store)

Street Address: _____

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

Do you own these premises? Yes No

Insured Building Value: \$ _____

Insured Contents Value: \$ _____

Street Address: _____

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

Do you own these premises? Yes No

Insured Building Value: \$ _____

Insured Contents Value: \$ _____

Warehouse Locations

Street Address: _____

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

Do you own these premises? Yes No

Insured Building Value: \$ _____

Insured Contents Value: \$ _____

Street Address: _____

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

Do you own these premises? Yes No

Insured Building Value: \$ _____

Insured Contents Value: \$ _____

Other Location

Street Address: _____

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

Do you own these premises?

Insured Building Value: \$ _____

Insured Contents Value: \$ _____

SUPPLEMENTAL QUESTIONNAIRE

Food Delivery

Do you deliver to customers?

Yes

No

If you deliver food to your customers, please answer the following questions:

How is your food delivered?

On foot

By bicycle

By car or van

Are your delivery people your employees?

Yes

No

If by car or van, do you provide the vehicle?

Yes

No

Alcoholic Beverages

If one of your stores is involved in events with alcohol, please answer the following questions.

Describe the event(s) _____

Who serves the alcohol? _____

What measures are taken to prevent minors from consuming alcohol? _____

Sports Teams and Special Events

Does insured sponsor any adult sports teams?

Yes

No

If yes, describe _____

Do you participate in any Special Events throughout the year?

Yes

No

If yes, describe _____

Additional Interests: (List mortgagees, additional insureds, and loss payees to be named on policy)

Name

Street Address

City

State

Zip

1. _____

2. _____

Attach an additional sheet if necessary

LOSS RUNS: Please include 3 years of legible, currently valued hard copy loss runs with your completed application.