

# RESTAURANT BUSINESSOWNERS APPLICATION



Date: \_\_\_\_\_

<input type="checkbox"/> New Business	<input type="checkbox"/> Submit for Approval	Quote Number: _____
<input type="checkbox"/> Quote	<input type="checkbox"/> Endorse / Change	
<input type="checkbox"/> Mid Century Insurance Co. <input type="checkbox"/> Truck Insurance Exchange <input type="checkbox"/> Farmers Insurance Exchange		Policy Number: _____
Effective Date: _____	Expiration Date: _____	Agent Number: _____

### Applicant Information

Applicant Name: _____			
DBA: _____			
Mailing Address: _____			Fed. Emp. ID #: _____
City: _____	State: _____	Zip: _____	SIC Code: 5812
Phone Number: _____			<input type="checkbox"/> Primary <input type="checkbox"/> Premier
Business Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe): _____			

### Location Information (If different than above) (If more than two locations, use additional application)

<b>L O C  0 0 1</b>	Address: _____			County (TX only): _____		
	City: _____	State: _____	Zip: _____	Distance (miles) from Coastline (AL, TX and VA only): _____		
	<b>Coverage / Limit</b>			Year Built: _____	Year Renovated: _____	Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non Combustible <input type="checkbox"/> Masonry Non-Comb. <input type="checkbox"/> Mod Fire Resistive <input type="checkbox"/> Fire Resistive
	Building: \$ _____			Liability: \$ _____		Territory: _____
	Contents: \$ _____			Wind & Hail Deductible Percent: 1% 2% 5% 100%		
	Deductible: \$ _____			Food Sales: \$ _____		Protection Class: _____
	Type of Risk: <input type="checkbox"/> Fast Food <input type="checkbox"/> Casual Dining <input type="checkbox"/> Fine Dining <input type="checkbox"/> Sandwich Shops ( with no cooking or frying) <input type="checkbox"/> Incidental Office/ Warehouse Exposure Explain: _____			Public Area Square Footage: _____  Playground <input type="checkbox"/> Yes <input type="checkbox"/> No Franchise <input type="checkbox"/> Yes <input type="checkbox"/> No Association Member <input type="checkbox"/> Yes <input type="checkbox"/> No Association Name (if applicable): _____		Inflation Guard (building) if other than 6%:  2%    4%    8%    10%
<b>L O C  0 0 2</b>	Address: _____			County (TX only): _____		
	City: _____	State: _____	Zip: _____	Distance (miles) from Coastline (AL, TX and VA only): _____		
	<b>Coverage / Limit</b>			Year Built: _____	Year Renovated: _____	Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non Combustible <input type="checkbox"/> Masonry Non-Comb. <input type="checkbox"/> Mod Fire Resistive <input type="checkbox"/> Fire Resistive
	Building: \$ _____			Liability: \$ _____		Territory: _____
	Contents: \$ _____			Wind & Hail Deductible Percent: 1% 2% 5% 100%		
	Deductible: \$ _____			Food Sales: \$ _____		Protection Class: _____
	Type of Risk: <input type="checkbox"/> Fast Food <input type="checkbox"/> Casual Dining <input type="checkbox"/> Fine Dining <input type="checkbox"/> Sandwich Shops ( with no cooking or frying) <input type="checkbox"/> Incidental Office/ Warehouse Exposure Explain: _____			Public Area Square Footage: _____  Playground <input type="checkbox"/> Yes <input type="checkbox"/> No Franchise <input type="checkbox"/> Yes <input type="checkbox"/> No Association Member <input type="checkbox"/> Yes <input type="checkbox"/> No Association Name (if applicable): _____		Inflation Guard (building) if other than 6%:  2%    4%    8%    10%

**Package Coverages with Optional Higher Limits Available**

Coverage	Optional Higher Limit	Coverage	Optional Higher Limit
Outdoor Signs		Spoilage	
Accounts Receivable		Tenants Fire Legal	
Valuable Papers		Customers' Property	
Computer Coverage - Hardware Computer Coverage - Media and Records (Higher limits available on Premier only)		Off Premises Services Business Interruption (Higher limits available on Premier only)	
Employee Dishonesty		Outdoor Trees, Shrubs and Plants	
Money and Securities			

**Optional Coverages/Limits**

Coverage	Limits		Coverage	Limits	
	LOC 001	LOC 002		LOC 001	LOC 002
<input type="checkbox"/> Earthquake - Building			<input type="checkbox"/> Tenants Exterior Glass		
<input type="checkbox"/> Earthquake - Contents			<input type="checkbox"/> Liquor Liability	Liquor Receipts: _____	
<input type="checkbox"/> Earthquake Sprinkler Leakage			<input type="checkbox"/> Employee Benefits Liability		
<input type="checkbox"/> Building Ordinance Cov. A			<input type="checkbox"/> Fine Arts Coverage		
Coverage B (\$5,000 min.)			<input type="checkbox"/> Outdoor Fences and Walls		
Coverage C (10% of Bldg.)			<input type="checkbox"/> Business Income - Dependent Properties		
<input type="checkbox"/> Hired / Non-Owned Auto Liability			<input type="checkbox"/> Food Borne Illness		
<input type="checkbox"/> Tenants Improvements and Betterments			<input type="checkbox"/> Contamination Shutdown		
<input type="checkbox"/> Back Up of Sewer and Drain			<input type="checkbox"/> Mine Subsidence		

**Additional Insureds / Mortgagees**

Name and Address:	Mortgagee	Loss Payee	Additional Insured
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Prior Loss History**

Policy Period	Carrier	Premium	Losses	Reserves	Number of Claims
Past 12 Months:	_____	_____	_____	_____	_____
13-24 Months:	_____	_____	_____	_____	_____
25-36 Months:	_____	_____	_____	_____	_____

**Loss History Remarks:**

**General Information**  
(Explain any YES responses in Remarks section below)

1. During the past three years, has any coverage been cancelled, non-renewed, declined or placed in Surplus Lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many years management / ownership experience does the applicant have in this industry?	_____
3. During the last 10 years, has any applicant, partner or principal stockholder had a suspicious or arson related fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any special events sponsored such as sporting events, auto racing, outdoor events, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any locations or business interests which are owned by the applicant but not shown on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the applicant, partner or principal stockholder now, or in the past, involved in any of the following? Bankruptcy Foreclosure Tax Lien Business Failure Any Litigation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Were photos taken of this risk? 7A. If YES, are photos being retained in the Agent's office? 7B. If YES, what is the number of photos for reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Nbr: _____
8. Restaurant manager name (Loss Control contact):	Phone Number:

**Remarks** (Explain any YES responses for Questions 1-6. Please include question number.)

**Underwriting Information Location 001**

<b>L O C</b>	Annual Sales/Receipts:	Number of Employees:	Total Payroll:	Date Business Started at this Location (month and year):
	<b>0</b>			

<b>0</b>	<b>Building Improvements (Complete only if the building has been upgraded since year built / renovated.)</b>				
<b>1</b>	Wiring Year:	Roofing Year:	Plumbing Year:	Heating Year:	Other (describe):

**Insured Location Information**

Total Building Square Footage:	Roof Type:	# Stories:	Marshall & Swift Building Value:
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**Property Underwriting Data**

**LOC 001**

1. Is there off premises catering? 1A. If YES, what is the percent of total receipts? 1B. Describe the catering operation in Remarks section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
2. Is any entertainment provided? (If NO, skip to question 4) 2A. Indicate type of entertainment. <input type="checkbox"/> Rock Group <input type="checkbox"/> DJ <input type="checkbox"/> Band <input type="checkbox"/> Other 2B. Is there a dance floor? 2C. Are there bouncers or doormen? If YES, explain in Remarks. 2D. Are there any amusement devises such as pool tables, video games, gambling, etc.? 2E. If YES, number and description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**Remarks:** (Describe any YES responses from questions 1-2. Please include question number.)

L O C  0 0 1	<b>Property / Kitchen Facilities</b>			<b>LOC 001</b>	
	3. Is there a UL approved automatic extinguishing system under contract? 3A. If YES, indicate frequency. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. Does the extinguishing system cover all cooking surfaces? 4A. If YES, indicate Type and brand name of the system. <input type="checkbox"/> Dry Chem <input type="checkbox"/> Wet Foam <input type="checkbox"/> Water Spray			<input type="checkbox"/> Yes <input type="checkbox"/> No name: _____	
	5. Are hoods and ducts over all cooking systems?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	6. Is there a maintenance schedule on hoods and ducts? 6A. If YES, indicate frequency. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. How frequently are filters cleaned? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly				
	8. Are BC extinguishers available in the kitchen?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	9. Is there an automatic gas shutoff for cooking areas?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Remarks:</b> (Describe any NO responses from questions 3-9. Please include question number.)				
	<b>Liquor Liability</b>			<b>LOC 001</b>	
10. Does the applicant have a liquor license? 10A. If YES, Type _____ and Number _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Have there ever been any Liquor Board violations?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Are employees given liquor training? ( If YES, explain type and when trained in Remarks)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Does the applicant have a written policy on serving alcohol for employees and customers?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Is documentation kept on each incident of shutting off patrons?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. What time does the bar are close?			_____ AM / PM		
16. What are the total liquor receipts for the last:	12 months: _____	13-24 months: _____	25-36 months: _____		
<b>Remarks:</b> (Questions 110-16. Please include question number.)					
<b>Liability</b>			<b>LOC 001</b>		
17. What are the hours of restaurant operation at this location?		_____ AM / PM to _____ AM / PM			
18. Is food delivery service provided? (If YES, explain in Remarks)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Is there valet parking? 19A. Is it contracted to others? 19B. Is Garage Keepers liability required?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Remarks:</b> (Questions 17-19. Please include question number.)					
<b>Earthquake</b> (Complete only if Earthquake coverage is desired at this location)					
20A. Are there any signs of pre-existing damage? 20B. Is the risk located on a hillside? 20C. Does the risk have a soft first floor (above ground parking under all or part of the structure) or other design feature which would contribute to collapse?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Underwriting Information Location 002**

<b>L O C</b>	Annual Sales/Receipts:	Number of Employees:	Total Payroll:	Date Business Started at this Location (month and year):
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**002 Building Improvements (Complete only if the building has been upgraded since year built / renovated.)**

Wiring Year:	Roofing Year:	Plumbing Year:	Heating Year:	Other (describe):
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**Insured Location Information**

Total Building Square Footage:	Roof Type:	# Stories:	Marshall & Swift Building Value:
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**Property Underwriting Data**

**LOC 002**

1. Is there off premises catering? 1A. If YES, what is the percent of total receipts? 1B. Describe the catering operation in Remarks section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
2. Is any entertainment provided? (If NO, skip to question 4) 2A. Indicate type of entertainment. <input type="checkbox"/> Rock Group <input type="checkbox"/> DJ <input type="checkbox"/> Band <input type="checkbox"/> Other _____ 2B. Is there a dance floor? 2C. Are there bouncers or doormen? If YES, explain in Remarks. 2D. Are there any amusement devises such as pool tables, video games, gambling, etc.? 2E. If YES, number and description. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**Remarks:** (Describe any YES responses from questions 1-2. Please include question number.)

**Property / Kitchen Facilities**

**LOC 002**

3. Is there a UL approved automatic extinguishing system under contract? 3A. If YES, indicate frequency. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the extinguishing system cover all cooking surfaces? 4A. If YES, indicate Type and brand name of the system. <input type="checkbox"/> Dry Chem <input type="checkbox"/> Wet Foam <input type="checkbox"/> Water Spray	<input type="checkbox"/> Yes <input type="checkbox"/> No name: _____
5. Are hoods and ducts over all cooking systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a maintenance schedule on hoods and ducts? 6A. If YES, indicate frequency. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How frequently are filters cleaned? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	
8. Are BC extinguishers available in the kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there an automatic gas shutoff for cooking areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Remarks:** (Describe any NO responses from questions 3-9 . Please include question number.)

**Liquor Liability**

**LOC 002**

10. Does the applicant have a liquor license? 10A. If YES, Type _____ and Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have there ever been any Liquor Board violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are employees given liquor training? ( If YES, explain type and when trained in Remarks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the applicant have a written policy on serving alcohol for employees and customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

L O C  0 0 2	<b>Liquor Liability</b> (continued)			<b>LOC 002</b>	
	14. Is documentation kept on each incident of shutting off patrons?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	15. What time does the bar area close?			_____ AM / PM	
	16. What are the total liquor receipts for the last:		12 months: _____	13-24 months: _____	25-36 months: _____
	<b>Remarks:</b> (Questions 10-16. Please include question number.)  				
<b>Liability</b>			<b>LOC 002</b>		
17. What are the hours of restaurant operation at this location?		_____ AM / PM   to   _____ AM / PM			
18. Is food delivery service provided? (If YES, explain in Remarks)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Is there valet parking?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
19A. Is it contracted to others?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
19B. Is Garage Keepers liability required?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Remarks:</b> (Questions 17-19. Please include question number.)  					
<b>Earthquake</b> (Complete only if Earthquake coverage is desired at this location)					
20A. Are there any signs of pre-existing damage?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
20B. Is the risk located on a hillside?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
20C. Does the risk have a soft first floor (above ground parking under all or part of the structure) or other design feature which would contribute to collapse?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Additional Policies / Cross Marketing Opportunities</b>					
Are there companion "Farmers" policies on this account? If YES, indicate policy number. If NO, indicate X-Date of the current policy.					
Workers' Compensation Umbrella Employment Practices Liability Insurance (EPLI) Business Life Personal Lines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Number: _____ _____ _____ _____	X-Date: _____ _____ _____ _____		
<b>Notice of Insurance Information Practices</b> Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our Agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your Agent or Broker for instruction on how to submit a request to us.					
Any person who knowingly and with intent to defraud any insurance company or another person files and application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in Nebraska)					
Applicant Signature:			Agent Signature:		