



**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)

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: \$ \_\_\_\_\_

Is this BOP risk an EXISTING account of your agency?     Yes     No

    If Yes, Number of years your agency has written account? \_\_\_\_\_

**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:

\_\_\_\_\_  
*Signature of producer preparing this Questionnaire                      (date submitted)*

*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.*