

Straits Restaurant Application

Applicant Information

Applicant Name: _____ DBA: _____

Mailing address: _____

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

Legal Entity: Individual Partnership Corporation LLC Other _____

Year(s) in Business: _____ Franchise Operation: Yes No; Name of Franchise: _____

Policy Information

Effective date requested: _____ Prior insurance company: _____

Location and Coverage Information

Location address check here if the same as the mailing address

Construction: Frame Jointed Masonry Masonry Non-Combustible Fire Resistive or Modified F.R.

Deductibles: \$500 (standard) \$1,000 \$2,500 Business Personal Property: \$ _____

SF of premises: _____ SF Occupied by Insured: _____ Number of stories: _____

If over 20 years old, does the building have aluminum wiring? Yes No

Updates for Electrical Yes No; Plumbing Yes No; Roof Yes No; Year updated: _____

Fire Sprinkler System? Yes No

Is there a burglar alarm? Yes No

Year at this location: _____ Years of management experience in business: _____

Annual Sales \$ _____ Liquor Sales \$ _____

Entertainment? Yes No Type _____ Frequency? _____

Coverage:

Liability Limit: \$500,000 \$1,000,000 Liquor Liability? Yes No Limit \$ _____

Special Form Excluding Theft Including Theft

Money & Securities (inside / outside) \$10,000 / \$ 5,000

Business Income / Loss of Rent \$10,000 Optional increase \$ _____

Spoilage / Refrigeration \$ _____ Exterior Sign Limit \$ _____

Sewer Backup \$ _____ System Breakdown \$ _____

Forgery & Alteration \$ _____ Employee Dishonesty \$ _____

Number of Employees _____

Any prior last 3 years loss? Yes No.

If yes, type of loss _____. Loss Open Close