

INSURANCE SOLUTIONS RESTAURANT QUOTE SHEET

(We must have all this information completed in order to review and quote)

Agency Name _____

Named Insured _____ [] Individual [] Partnership [] Corp [] LLC

Address _____ City _____ St _____ Zip _____

FEIN # or Social Security Number _____ Phone # _____

Contact Name _____ Email Address _____

Years in business _____ if new or no current coverages years of experience _____

Type of Cuisine Restaurant Serves: _____

Renewal Date: _____ Prior Carrier: _____ Premium _____

If this is a new venture need to know how many year experience they client has owning or operating a restaurant _____

3 Year prior Losses_ (3 year company loss runs will be required in order to bind coverage) _____

Location Address _____ City _____ St _____ Zip _____

Protection Class _____ Construction [] Frame [] Joisted Masonry [] Metal [] Masonry Non combustible

Property Deductible _____ Annual Receipts/Sales _____ Annual Payroll _____

Building Value _____ Contents Value _____ Loss of Income Limit _____

Sprinklered [] yes [] No Central Alarm [] yes [] no Sq. Footage _____

Year Built (If over 20 years old need to know year the following were updated):

Roof Update _____ Electrical Update _____ Plumbing update _____ HVAC Update _____

General Liability Limit Requested [] \$500,000 [] \$1,000,000

Total Receipts _____ Alcohol Receipts _____ Type Alcohol sold _____

Is Ansul System in place [] yes [] no If yes how often is system serviced _____

Must be a UL 300 Approved wet Ansul system to eligible for coverage (need copy of Cleaning contract to bind)

Any Live entertainment _____ (If so describe)

Any type amusement devices _____ (If so describe)

Optional coverages

Spoilage Limit _____ Employee Dishonesty Limit _____

Exterior Sign Limit _____

Exterior Glass Limit _____ # of glass panes & dimensions

Computers: Hardware Limit _____ Software Limit _____