



Prospect Name: \_\_\_\_\_

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

Quote for Restaurant

Business Information

Business Name: \_\_\_\_\_

First Insured Last Name: \_\_\_\_\_ First Insured First Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Address: \_\_\_\_\_ FEIN: \_\_\_\_\_ SIC Code: \_\_\_\_\_

Business Entity: [ ] Individual\* [ ] Partnership [ ] Corporation [ ] LLC [ ] Joint Venture [ ] Association [ ] Other

\*Are there Personal Lines Policies insured with Farmers? ( Yes / No ) Household #: \_\_\_\_\_

Are there other Commercial Policies insured with Farmers? ( Yes / No )

In what year did the business start operations? \_\_\_\_\_

Is this an established business with previous Insurance? ( Yes / No )

Does applicant own any business auto? (Yes / No)

Is Non-Owned Auto Liability desired? ( Yes / No )

Is Hired/Borrowed Auto Liability desired? ( Yes / No )\*

\* This does not include Hired Car Physical damage.

Does the insured employ or hire security guards at any location? ( Yes / No )

How many Additional Interests (Mortgagees / Loss Payees / Additional Insured) are Required? \_\_\_\_\_

Prior Carrier Information (Additional Information can be placed in Notes Section)

Carrier Name: \_\_\_\_\_ Term Year: \_\_\_\_\_ Premium: \_\_\_\_\_

Hard Copy of Loss Runs: ( Yes / No ) Losses: ( Yes / No ) Type of Loss: \_\_\_\_\_

Date of Loss: \_\_\_ / \_\_\_ / \_\_\_ Amount Paid: \_\_\_\_\_ Reserves: \_\_\_\_\_

Description: \_\_\_\_\_

Carrier Name: \_\_\_\_\_ Term Year: \_\_\_\_\_ Premium: \_\_\_\_\_

Hard Copy of Loss Runs: ( Yes / No ) Losses: ( Yes / No ) Type of Loss: \_\_\_\_\_

Date of Loss: \_\_\_ / \_\_\_ / \_\_\_ Amount Paid: \_\_\_\_\_ Reserves: \_\_\_\_\_

Description: \_\_\_\_\_



FARMERS BUSINESS INSURANCE

Carrier Name: \_\_\_\_\_ Term Year: \_\_\_\_\_ Premium: \_\_\_\_\_

Hard Copy of Loss Runs: ( Yes / No ) Losses: ( Yes / No ) Type of Loss: \_\_\_\_\_

Date of Loss: \_\_\_ / \_\_\_ / \_\_\_ Amount Paid: \_\_\_\_\_ Reserves: \_\_\_\_\_

Description: \_\_\_\_\_

Carrier Name: \_\_\_\_\_ Term Year: \_\_\_\_\_ Premium: \_\_\_\_\_

Hard Copy of Loss Runs: ( Yes / No ) Losses: ( Yes / No ) Type of Loss: \_\_\_\_\_

Date of Loss: \_\_\_ / \_\_\_ / \_\_\_ Amount Paid: \_\_\_\_\_ Reserves: \_\_\_\_\_

Description: \_\_\_\_\_

Carrier Name: \_\_\_\_\_ Term Year: \_\_\_\_\_ Premium: \_\_\_\_\_

Hard Copy of Loss Runs: ( Yes / No ) Losses: ( Yes / No ) Type of Loss: \_\_\_\_\_

Date of Loss: \_\_\_ / \_\_\_ / \_\_\_ Amount Paid: \_\_\_\_\_ Reserves: \_\_\_\_\_

Description: \_\_\_\_\_

Has the applicant had any Business Insurance Policy cancelled in the last 3 years? ( Yes\* / No )

\*Why?: \_\_\_\_\_

**(Please collect up to 5 years of Loss Runs)**

**Policy Details**

Number of Locations: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_

Risk Type:  Fast Food\*  Casual Dining\*  Fine Dining\*  Restaurants - No Cooking/ No Frying

Building Amount: \_\_\_\_\_ Contents Amount: \_\_\_\_\_ Liability Limit: \_\_\_\_\_

Location Deductible: \_\_\_\_\_ Wind / Hail Deductible: \_\_\_\_\_ (W/H States Only – TX, MN, SD, NE, & CO)

Franchise: ( Yes / No ) Total Receipts: \_\_\_\_\_ Catering Receipts: \_\_\_\_\_

Liquor Receipts: \_\_\_\_\_ \*Last Years Liquor Receipts: \_\_\_\_\_ \*License Number: \_\_\_\_\_

\*How many employees are certified in Liquor training? \_\_\_\_\_

\*Are all employees who server alcohol given alcohol service training? ( Yes / No )

\*Is a written policy covering alcohol service guidelines made available to all employees? ( Yes / No )

\*Are all alcohol-related incidents documented? ( Yes / No )



Year Built: \_\_\_\_\_

Construction:

- Frame
- Masonry
- Non-Combustible
- Masonry Non-Combustible
- Modified Fire Resistive
- Fire Resistive

Roof Type:

- Shake
- Tile
- Composite
- Flat-Rubber
- Flat-Thermoplastic
- Built-up Bitumen
- Built-up Modified Bitumen
- Built-up Tar-Gravel
- None

What is the number of Employees: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Fire Sprinkler System: ( Yes / No )

Total Building Sq Footage: \_\_\_\_\_ Public Sq Footage: \_\_\_\_\_

Banquet Facility Sq Footage: \_\_\_\_\_ What is the Seating Capacity of Rest: \_\_\_\_\_

Are deep fat fryers used: ( \*Yes / No )

\*Do all deep fat fryers have working automatic high temperature shut-off switches? ( Yes / No )

\*Identify the type of the Extinguishing system that covers hoods, ducts and all cooking equipment:

- Dry Chemical
- Wet Foam
- Water Spray
- Other

\*Is any table-side service provided which involved open flames? ( Yes / No )

\*How often is the automatic fire extinguishing system inspected and serviced by a contracted outside firm:

- Monthly
- Quarterly
- Semi-Annual
- Annual
- Never

\*How often are flues and ducts inspected and cleaned by a contracted outside firm:

- Monthly
- Quarterly
- Semi-Annual
- Annual
- Never

\*How often are cooking equipment exhaust filters cleaned?

- Daily
- Weekly
- Two Times a Month
- Monthly
- Never

Are raw oysters served? ( Yes / No )

**Additional Questions**

Building Improvements / Renovations at this Location:

Wiring Year: \_\_\_\_\_ Roofing Year: \_\_\_\_\_ Plumbing Year: \_\_\_\_\_ Heating Year: \_\_\_\_\_

When did this business start operation at this location: (mm/dd/year) \_\_\_\_\_

Is the applicant responsible for the parking lot: ( Yes / No )

- Where is the business located:
- Stand Alone Building
  - Strip Shopping Center
  - Enclosed Mall
  - Attached to a Habitational structure



Indicated the type of alarm at this location:  None  Local  Central Station  UL with Certificate

Does the risk have a drive through: ( Yes / No )

Hours of operation this business is open to the public: Open \_\_\_\_\_ Close \_\_\_\_\_

Types of Entertainment and game exposures at this location:  None

DJ  Band  Karaoke  Special Events  Video Games  Pinball Machines  Pool Tables

Dart Boards  Two or More TVs  Gaming Tables  Dance Floor

**Building Cost Estimator**

Building Shape:  Slight irreg/rectangular  Approx Square  Irregular  Very Irregular

Ground Area (Square Footage): \_\_\_\_\_ Number of Buildings: \_\_\_\_\_

Quality Construction: (Average Quality / Custom Quality) Number of Basement Levels: \_\_\_\_\_

Basement Area %: \_\_\_\_\_ Crawlspace Area %: \_\_\_\_\_ Grade Slab Area %: \_\_\_\_\_

Permanently Installed Machinery: \_\_\_\_\_ Fire Suppression Equip: \_\_\_\_\_

Refrigeration Appliances: \_\_\_\_\_ Ventilation Equip: \_\_\_\_\_ Cooking Appliance: \_\_\_\_\_

Dishwashing Appliances: \_\_\_\_\_ Laundering Equipment: \_\_\_\_\_

**Auto Details**

Are there any vehicles leased to others? ( Yes / No )

Is there hazardous cargo or hauling of goods, materials, or commodities that require Department of Transportation signs or lettering? ( Yes / No )

Are there any hold harmless agreements required? ( Yes / No )

Are there courtesy vehicles? ( Yes / No )

Are there Public Transportation Exposures – other than Courtesy vehicles? ( Yes / No )

Are there specialty uses or is there sponsoring of Special Events? ( Yes / No )

Are there any oversized, overweight or unstable loads? ( Yes / No )

Are any vehicles used for the following?  None  Garbage and Recycling  Door to Door Sales

Residential Mail / Newspaper delivery  Residential package delivery  Ice Cream Vendors

Are there high-valued goods, including merchandize subject to theft? ( Yes / No )

Are there any vehicles that have Permanently Mounted Special Equipment? ( Yes / No )

Are there any vehicles that have been customized, altered, or that have Special Equipment? ( Yes / No )



Description of Business Operations: \_\_\_\_\_

**Driver Information**

- 1.) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_
Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_ International License: ( Yes / No )
2.) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_
Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_ International License: ( Yes / No )
3.) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_
Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_ International License: ( Yes / No )
4.) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_
Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_ International License: ( Yes / No )
5.) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_
Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_ International License: ( Yes / No )

**Vehicle Information** (\*Required for Medium to Heavy Truck)

1.) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Body Type: \_\_\_\_\_
Vehicle Type: \_\_\_\_\_ VIN: \_\_\_\_\_ Radius: \_\_\_\_\_
Garaging City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Registered in same State: ( Yes / No )
Has the Vehicle been customized or altered or does it have special equipment? ( Yes / No )
Use: (Service / Retail / Commercial)

- \*Secondary use: [ ] Contractor (other than Dump Trucks) [ ] Farmers [ ] Dump and Transsit Mix Truck and trlrs
[ ] Food Delivery [ ] Logging and Lumbering [ ] Specialized Delivery [ ] Truckers [ ] Waste Disposal
[ ] Not otherwise Specified

\*Special Provisions: Vehicle used in Dumping Operations (Yes / No)



2.) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Body Type: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ VIN: \_\_\_\_\_ Radius: \_\_\_\_\_

Garaging City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Registered in same State: ( Yes / No )

Has the Vehicle been customized or altered or does it have special equipment? ( Yes / No )

Use: (Service / Retail / Commercial)

\*Secondary use:  Contractor (other than Dump Trucks)  Farmers  Dump and Transsit Mix Truck and trlrs

Food Delivery  Logging and Lumbering  Specialized Delivery  Truckers  Waste Disposal

Not otherwise Specified

\*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

3.) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Body Type: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ VIN: \_\_\_\_\_ Radius: \_\_\_\_\_

Garaging City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Registered in same State: ( Yes / No )

Has the Vehicle been customized or altered or does it have special equipment? ( Yes / No )

Use: (Service / Retail / Commercial)

\*Secondary use:  Contractor (other than Dump Trucks)  Farmers  Dump and Transsit Mix Truck and trlrs

Food Delivery  Logging and Lumbering  Specialized Delivery  Truckers  Waste Disposal

Not otherwise Specified

\*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

4.) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Body Type: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ VIN: \_\_\_\_\_ Radius: \_\_\_\_\_

Garaging City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Registered in same State: ( Yes / No )

Has the Vehicle been customized or altered or does it have special equipment? ( Yes / No )



FARMERS BUSINESS INSURANCE

Use: (Service / Retail / Commercial)

\*Secondary use:  Contractor (other than Dump Trucks)  Farmers  Dump and Transsit Mix Truck and trlrs

Food Delivery  Logging and Lumbering  Specialized Delivery  Truckers  Waste Disposal

Not otherwise Specified

\*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

5.) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Body Type: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ VIN: \_\_\_\_\_ Radius: \_\_\_\_\_

Garaging City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Registered in same State: ( Yes / No )

Has the Vehicle been customized or altered or does it have special equipment? ( Yes / No )

Use: (Service / Retail / Commercial)

\*Secondary use:  Contractor (other than Dump Trucks)  Farmers  Dump and Transsit Mix Truck and trlrs

Food Delivery  Logging and Lumbering  Specialized Delivery  Truckers  Waste Disposal

Not otherwise Specified

\*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

**Other Policy Lines:**

Workers Compensation Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_

Umbrella Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_

Employment Practices Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_

Pollution Liability Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_

Business Life Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_

Personal Lines Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_

