

RESTAURANT UMBRELLA APPLICATION - In order to obtain a quote, ALL questions must be answered in the corresponding sections that apply to this insured. Incomplete submissions will be declined.

SECTION I: Agent/Broker Information

Brokerage/Agency Name:

Address:	City:	State:	Zip Code:	County:
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Contact Person:	Email:
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Phone #:	Fax #:
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Applicant Information:

Company Name:	Web Site URL:
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Address:	City:	State:	Zip Code:	County:
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D&B Number:	SIC Code:	Year Established:
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Description of Applicant's operations:

Please include list of additional Named Insured's as an attachment including description of operations

1. Are there any operations not directly related to the ownership or maintenance of the restaurant? If "YES", please describe:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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2. Does the Applicant have any subsidiary companies where operations are different than the Applicant's?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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a) Subsidiary Name: (attach separate list if needed)

b) Description of Subsidiary's Operations:

SECTION II: Policy Information

Effective Date (MM/DD/YY):	Expiration Date(MM/DD/YY):
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Lead Umbrella Limit Requested:

New Business submission Expiring Lead Umbrella Carrier:

If New Business submission, Expiring Lead Umbrella Limits: \$	Expiring Annual Umbrella Premium: \$
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Distinguished.

SECTION III: Submission Exposure Summary			
Total # of Locations:	Total Revenue : \$	Total Food Revenue: \$	Total Liquor Revenue: \$
Restaurant Exposures:			
1. Do any of the restaurants have a nightclub exposure, or include dance floors, live entertainment, adult entertainment venues, halls for hire, or civic or social clubs? If "YES", please describe:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Is valet parking offered by employees or volunteers?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Does the applicant have any catering operations? If "YES", please describe:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Is catering service provided for more than 300 people at any restaurant or off-site location? If "YES", please describe:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Does the applicant/insured offer first party delivery services?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Are there any restaurant locations that are below grade and do not have a full sprinkler system?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Do all locations have automatic fire extinguishing systems (U.L. approved wet or dry) that are above and covering all cooking surfaces, with a semiannual service contract?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Are liquor receipts over 40% of combined food & liquor receipts at any location		<input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Does the applicant have any liquor receipts in the states of AK, AL, DC, VT?		<input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. Does the applicant have any liquor receipts in the states of AR, CT, HI, IL, KY, MA, MI, MT, NM, NY, NC, OK, PA, RI, SC, TX, UT or WV		<input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Do all locations selling liquor conduct TIPS or similar training for all servers of liquor?		<input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Has the applicant received any citations from any liquor control or law enforcement authority?		<input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO	
Automobile Exposure:			
1. Uninsured / Underinsured Motorist Coverage: Please check off any states in which the applicant has locations, employees or automobiles : <input type="checkbox"/> Florida <input type="checkbox"/> Louisiana <input type="checkbox"/> New Hampshire <input type="checkbox"/> Vermont <input type="checkbox"/> West Virginia			
2. Does the applicant have any Owned Autos? If "NO", proceed onto next section		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Do any of the applicant's vehicles have a radius of use over 50 miles?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Do any of the applicant's vehicles have seating for more than 15 passengers?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Are any of the applicant's vehicles used to transport people or goods for a specific fee or charge?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Are any of the applicant's vehicles used for sightseeing or other tour operations?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Are satisfactory pre-hire and annual MVRs required of all drivers?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Does the applicant transport any hazardous material?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Do any locations provide transportation to 3rd parties such as guests or residents (shuttle vans/buses)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
10. Does the applicant have more then 5 vehicles for transporting guest or residents?		<input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Does the applicant have assigned drivers for all vehicles transporting 3 rd parties?		<input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO	

Distinguished.

Type of Vehicle	# of Owned Units	Describe General Use
Private Passenger / SUV		
Light Truck/ Vans (0-10,000 lbs, including 1 – 8 passenger vans)		
a) Not used to transport 3rd Party Passengers		
b) Used to transport 3rd Party Passengers		
Medium Trucks / Vans (10,001 – 20,000 lbs, including 9-15 pass. vans)		
a) Not used to transport 3rd Party Passengers		
b) Used to transport 3rd Party Passengers		
Large Vans / Buses (over 15 passengers)		
Other (Describe)		
Totals:		

SECTION IV: UNDERLYING COVERAGE INFORMATION - Applies to all locations

If more than one carrier, complete section below for each

Information below to be supported by a hard copy of the underlying carrier's GL quote, binder and/or policy. Quotes and binders must be on insurance carrier letterhead.

1. Is there a Self-Insured Retention (SIR) on the GL policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	a) If "YES", SIR Limits \$
2. Is there a Deductible on the GL policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	a) If "YES", Deductible Limits: \$
3. Is the GL Aggregate Limit Per Location? a) If "YES", is the GL Aggregate Limit capped in any way?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	b) If "YES", what is the cap limit? \$
4. Are the GL defense costs outside of the policy limits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Does GL include coverage for Hired and Non-Owned Auto?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Are all underlying carriers rated A- VI or better by A.M. Best?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. What is the total premium for all GL policies scheduled? \$		
8. Is the liquor liability limit separate from the General Liability Limit?		

Distinguished.

POLICY INFORMATION					
Type	Carrier & Policy Number	Eff Date: (MM/DD/YY)	Exp. Date: (MM/DD/YY)	Policy Premium	Limits
Automobile Liability				\$	Each Accident (CSL): \$
General Liability				\$	Each Occurrence: \$
					General Aggregate: \$
					Products / Completed Operations: \$
					Advertising Injury / Personal Injury (Each Offense) \$
Employers Liability				\$	Bodily Injury by Accident: \$
					Bodily Injury by Disease (Each Employee): \$
					Bodily Injury by Disease (Policy Limits): \$
Liquor Liability				\$	Each Occurrence: Or Each Common Cause: \$
					Aggregate: \$
Employee Benefits Liability				\$	Each Claim or Each Occurrence: \$
					Aggregate: \$
					Retro Date:
Condo/Coop D&O Liability - Claims Made				\$	Each Claim: \$
					Aggregate: \$
Other:				\$	

SECTION V: NOTICE SECTION

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY." (365:15-1-10, 36 §3613.1)

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

SECTION VI: SIGNATURE

ALL WRITTEN STATEMENTS, AND SUPPLEMENTAL MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT, HAVING MADE DUE INQUIRY (INCLUDING BUT NOT LIMITED TO DUE INQUIRY OF THE LEGAL AND RISK MANAGEMENT DEPARTMENTS), DECLARES THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN OR ATTACHED HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT, AGREES THAT THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF ANY COVERAGE ISSUED BY US AND WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

Applicant Name (Printed):	Applicant Title:
Applicant Signature:	Date (MM/DD/YY):
Broker Names (Printed):	Broker Title:
Broker Signature:	Date (MM/DD/YY):