



RENEWAL APPLICATION

4. List any Property or Casualty additions or changes below.

No Changes

LOC #	CLASS CODE	CLASSIFICATION	PREMIUM BASIS

LOC #	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS

LOC #	CONSTRUCTION TYPE	PROTECTION CLASS	YEAR BUILT	TOTAL AREA

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.



RESTAURANT APPLICATION

APPLICANT INFORMATION

BUSINESS NAME:	YRS IN BUSINESS AS:
PROPRIETOR NAME (S):	YRS EXPERIENCE::
MAILING ADDRESS:	WEBSITE:
CLASSIFICATION (Circle one): 1.FINE DINING 2.FAMILY RESTAURANT 3.FAST FOOD 4.BAR/TAVERN 5.NIGHTCLUB	POLICY TERM: EFF. _____ EXP. _____

LOCATIONS TO BE INSURED

LOC.	STREET, CITY, STATE, ZIP CODE	TOTAL AREA	% OCCUPIED	OTHER OCCUPANTS

DETAILS OF OPERATION

HOURS OF OPERATION- Weekend:	Midweek:
SEATING CAPACITY- Dining Area:	Lounge/ Bar:
STAFF- Waitpersons:	Bartenders: Kitchen:
AVERAGE MEAL PRICE- Lunch:	Dinner:
AVERAGE AGE OF CLIENTELE Under 30 30 - 50 YRS OVER 50	

CURRENT CARRIER INFORMATION

	PROPERTY	GENERAL LIABILITY	LIQUOR LIABILITY	UMBRELLA
CARRIER				
TIV / LIMIT				
DEDUCTIBLE				
PREMIUM				

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS <input type="checkbox"/>						
CHECK HERE IF NONE <input type="checkbox"/> SEE ATTACHED LOSS SUMMARY						
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED

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