



UCA General Insurance Services, Inc.

Underwriter: _____

Broker: _____

Date: _____

Restaurant Program Application

This application forms and becomes part of your policy.

INSURED

Named Insured: _____	Effective Date: _____
DBA: _____	Entity: _____
E-mail Address: _____	
Mailing Address: _____	
City: _____	State: _____ Zip code: _____
Location Address: _____	
City: _____	State: _____ Zip code: _____

PROPERTY

	Limit	Perils	Co-Ins.	Deductible	
Building:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Business Personal Property:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
TIB:	\$ _____	\$ _____	\$ _____		
Business Income:	\$ _____				
Signs:	\$ _____			\$ _____	

LIABILITY

General Liability:	\$ _____	<i>Occurrence/Aggregate</i>
Liquor Liability:	\$ _____	<i>Common Cause/Aggregate</i>
Fire Damage:	\$ _____	
Medical Expense:	\$ _____	
Hired & Non-Owned Auto:	\$ _____	
Umbrella:	\$ _____	

COVERAGE AVAILABLE

	Limit	Deductible
Ordinance or Law:	\$ _____	
Exterior Glass: <i>Linear ft.:</i> _____	\$ _____	\$ _____
Sewer Backup:	\$ _____	\$ _____
Employee Dishonesty:	\$ _____	\$ _____
Money & Securities:	\$ _____	\$ _____
Accounts Receivable:	\$ _____	
Valuable Papers:	\$ _____	\$ _____
Other Coverages:		

ADDITIONAL INTERESTS

Additional Insured: _____
Loss Payee: _____
Mortgage: _____

Person to contact for inspection:		Applicant/Broker Signature	
Name: _____	Phone: _____	X	_____
Email: _____		Date: _____	

Application continues on page 2

©UCA General Insurance Services, Inc., Vers.03.2019LE

*As used in this questionnaire, "third party" means a written or oral demand, civil suit, or administrative, arbitration or criminal proceeding (regardless of its validity or outcome) brought by a third party concerning injury or damage arising out of the premises and/or operations for which applicant seeks insurance (No coverage for these and unknown claims/losses occurred prior to binding). Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud, is guilty of a crime and subject to civil fines, criminal penalties and confinement in prison. This application forms and becomes part of your insurance policy.

ADDITIONAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Has the broker personally seen the risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Has coverage been cancelled/non-renewed? If yes, explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Losses? (3 yr. current valued loss runs must be provided) <input type="checkbox"/> Yes <input type="checkbox"/> No Have there been any claims (including EPLI), suits or complaints, or any pending claims against the insured, any executive, officer or owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the insured or any executive, officer or owner have knowledge or information of ANY (past or present) act, error or omission which could reasonably be expected to result in a claim, suit or complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the insured utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No In the past and/or upcoming 12 months combined, there has not been nor does the insured expect any layoffs or reductions in the workforce totaling more than 15% of the total employee count? How many employees does the insured have? _____ Full Time: _____ Part Time: _____	Prior Policy Number: _____ Company Name: _____ Expiration Date: _____ Premium: _____
--	---

BUILDING / PROPERTY/OPERATIONS INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No *Any known evidence of MOLD damage? <input type="checkbox"/> Yes <input type="checkbox"/> No *Any unrepaired damage to the proposed insured property? *If 'Yes', explain and respond separately. Years in business at this location: _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Construction Type: _____</td> <td style="width: 33%;">Roof Type: _____</td> <td style="width: 33%;">Year Built _____</td> </tr> </table> Total building area: _____ Sq. Ft. Total area occupied by applicant: _____ Sq. Ft. Total customer area incl. bathrooms/hallways: _____ Sq. Ft. <input type="checkbox"/> Yes <input type="checkbox"/> No Is risk on first floor? <input type="checkbox"/> Yes <input type="checkbox"/> No Are kitchen facilities on 2 nd floor or above? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there habitational occupancies within the building? If the property is 25 years of age or older, please answer the following questions to the best of your knowledge: 01. Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No Has the electrical system been updated, upgraded or replaced? If YES, when? _____ <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No Copper wiring? <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property on circuit breakers? <input type="checkbox"/> Unsure 02. Plumbing <input type="checkbox"/> Yes <input type="checkbox"/> No Has the plumbing system been updated, upgraded or replaced? If YES, when? _____ <input type="checkbox"/> Unsure 03. Roofing <input type="checkbox"/> Yes <input type="checkbox"/> No Has the roof been updated, upgraded or replaced? If YES, when? _____ <input type="checkbox"/> Unsure 04. HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No Has the HVAC system been updated, upgraded or replaced? If YES, when? _____ <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No Building fully sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No Central station alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No Fire extinguishers on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Fire suppression system? Type: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Outside flue cleaning serviced every 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Are deep fat fryers located away from open flame? <input type="checkbox"/> Yes <input type="checkbox"/> No Service/maintenance contracts for refrigeration, cooling, heating equipment, electronic doors and/or gates? <input type="checkbox"/> Yes <input type="checkbox"/> No Owners experience at this location +1 year? *If new, provide years and type of experience: _____ Hours of operation: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Risk open for business currently? If 'No', expected date of opening: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No At any time during the policy period will risk be closed for remodeling or reconstruction?	Construction Type: _____	Roof Type: _____	Year Built _____	Last remodeled/updated in (year): _____ Total annual gross receipts: \$ _____ Total annual food receipts: \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is alcohol served? Total annual alcohol receipts: \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Separate bar area? If 'Yes', provide area: _____ Sq. Ft. Bar open until: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Happy Hour? _____ to _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant ever been assessed a fine or had liquor license suspended or revoked? If yes, explain separately. <input type="checkbox"/> Yes <input type="checkbox"/> No Have all managers and servers completed an alcohol awareness training program? If 'Yes', how often? _____ Who performs the training? _____ Please describe current procedures to prevent the sale of alcoholic beverages to minors and/or intoxicated persons: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Ride home policy for intoxicated individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No Is alcohol being served after the kitchen closes? If yes, for how many hours? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Are customers allowed access thru kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No Entertainment provided? If 'Yes', explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Live entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No Bouncers or ID checkers on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any firearms kept on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the risk in a food court? <input type="checkbox"/> Yes <input type="checkbox"/> No Banquet facilities? Area sq. ft.: _____ Percent of use annually: _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No Patio area? Area sq. ft.: _____ Percent of use annually: _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No Any outside catering? Percent of total sales: _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No Does insured provide delivery service? <input type="checkbox"/> Yes <input type="checkbox"/> No Valet parking? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant own any commercial auto? <input type="checkbox"/> Yes <input type="checkbox"/> No Commercial auto insurance in force? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-owned/Hired Auto liability provided by auto policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant's employees use their personal auto for business? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant require these employees to carry liability insurance?
Construction Type: _____	Roof Type: _____	Year Built _____		