



General Information:

Legal Name of Company: _____ DBA: _____

Physical Address: _____ City: _____ ST _____ Zip: _____

Mailing Address: _____ City: _____ ST _____ Zip: _____

FEIN: _____ Years in Business: _____ # of Employees: _____

Estimated annual sales:

Food: _____ Liquor: _____ Other: _____

Estimated annual payroll:

Catering: _____ Salespeople: _____ Clerical: _____

Locations:

Physical Location #1: _____ Rented or owned: _____

Year Built: _____ Brick or Frame: _____ Square Footage Occupied: _____

Sprinklered: Y or N Central Station Burglar/Fire alarm: Y or N

Building Limit: _____ Furniture/Fixtures/Equipment limit: _____

Physical Location #2: _____ Rented or owned: _____

Year Built: _____ Brick or Frame: _____ Square Footage Occupied: _____

Sprinklered: Y or N Central Station Burglar/Fire alarm: Y or N

Building Limit: _____ Furniture/Fixtures/Equipment limit: _____

Automobile:

Please attach a vehicle schedule with year, make, model, VIN number

Please attach a driver list including their full legal name, date of birth, license number and state of issue.

Umbrella/Excess Liability: Please check desired limit

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other: _____

Current Insurance Company: Number of years with Company: _____

Package: _____ Auto: _____ WC: _____

Claims: If you have current loss runs from your insurance company, please attach. Otherwise, please provide 3-5 year loss history information below including description of claim and amount paid:

General Liability: _____

Auto Liability: _____

Workers Compensation: _____