



FAMILY RESTAURANT PROGRAM APPLICATION

DATE (MM/DD/YY)

PRODUCER Worldwide Insurance Specialists, Inc 2424 W. Missouri Ave. Phoenix, AZ 85015 1-888-518-8011		APPLICANT'S NAME AND ADDRESS (Include County & Zip)			
CODE:		E-MAIL ADDRESS:		STATUS OF SUBMISSION	
		EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	QUOTE	ISSUE POLICY

Billing Type: Agency Bill Direct Bill Direct Bill Installments: 3 5 8

Credit Card Payment: Visa Master Card Cardholder's Name: _____
 Amount: \$ _____ Credit Card # _____ Exp. Date: _____

INDIVIDUAL	JOINT VENTURE	CONTACT (Name/Phone #)		YEARS IN BUSINESS	YEARS OF EXPERIENCE
PARTNERSHIP	OTHER (Describe)				
CORPORATION					

STANDARD FORM (Excl. Theft) BP-100 SPECIAL FORM (Excl. Theft) BP-200 SPECIAL FORM (with limited Theft) SPECIAL FORM (Incl. Theft) BP-200

Location Address:

Premises occupied by: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Tenant	Protection: <input type="checkbox"/> Protected <input type="checkbox"/> Partially Protected <input type="checkbox"/> Sprinklered If Unprotected - Risk not Eligible	Protection Class: Fire District:	Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non Combustible	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> Other: _____
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Classification: Class Code: Terr. Code:

Bldg. Area: _____ Sq. Ft.	Area Occupied by Insured: _____ Sq. Ft.	No. of Stories: _____	Year Built: _____
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Other Occupancies: Adjacent Exposures:

A. BUILDING COVERAGE Amount of Insurance \$ _____ <input type="checkbox"/> ACV <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Fair Market Value	LIABILITY COVERAGE Premises Liability: <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$2,000,000
B. PERSONAL PROPERTY COVERAGE Amount of Insurance \$ _____ <input type="checkbox"/> ACV <input type="checkbox"/> Replacement Cost	Fire Legal Liability: (\$100,000 included) <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> Other: _____
C. BUSINESS INCOME <input type="checkbox"/> Limited - 20% of Cov. A plus 100% of Cov. B <input type="checkbox"/> Actual Loss Sustained - 12 months	Products/Completed Work is included at limits equal to the Premises Occurrence Limit. Medical Payments: (\$5,000 Included) Terrorism Coverage <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected

OPTIONAL COVERAGES: (*Complete Crime Underwriting Information Section)

<input type="checkbox"/> Special Combination Endorsement <input type="checkbox"/> Option #1 <input type="checkbox"/> Option #2 <input type="checkbox"/> Money and Securities Limit \$ _____ on Premises/ \$ _____ off Premises <input type="checkbox"/> Valuable Papers and Records (\$5,000 Included) Add'l Limit \$ _____ <input type="checkbox"/> Accounts Receivable (\$5,000 Included) Add'l Limit \$ _____ <input type="checkbox"/> Employee Dishonesty Limit \$ _____ # of Employees _____ <input type="checkbox"/> Glass (Attach Schedule) <input type="checkbox"/> Interior _____ sq. ft. <input type="checkbox"/> Exterior 2nd Floor and below _____ sq. ft. <input type="checkbox"/> Exterior above 2nd Floor _____ sq. ft. <input type="checkbox"/> Personal Property of Others (\$2,500 Included) Add'l Limit \$ _____ <input type="checkbox"/> Outdoor Signs (\$2,500 Included) Add'l Limit \$ _____ <input type="checkbox"/> Liquor Liability: (Complete Liquor Liability Section) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hired Auto: Cost of Hire \$ _____ Limit \$ _____ Any Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Owned Auto: Limit \$ _____ # of employees using vehicles in Company Business _____ Does insured verify employee has insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the following for each employee using vehicles for company business: <table border="1"> <thead> <tr> <th>Name</th> <th>Date of Birth</th> <th>Driver's Lic#</th> <th>Vehicle Use</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Date of Birth	Driver's Lic#	Vehicle Use	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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(Attach separate sheet if additional space is required.)

MORTGAGE HOLDER (name and address)	Additional Insured (name and address)
	Interest: _____

REQUIRED RESTAURANT UNDERWRITING INFORMATION

Years in business: _____ Years at present location: _____ Years of restaurant management experience: _____

Annual gross receipts: _____ Alcoholic beverage receipts: _____ Catering receipts: _____

Type of restaurant: Take-Out Family Style Fine Dining Bakery – Baking Only Bakery w/ frying Pizza Shop–No Frying
 Sandwich Shop Refreshment Stand

Hours of operation: Kitchen: From _____ To _____
 Dining: From _____ To _____
 Liquor: From _____ To _____

Seating Capacity: _____ Is this a franchise operation? Yes No

If building coverage applies please supply the following:

Purchase date: _____ Purchase price: _____ Approx. cost of improvements: _____

For buildings over 25 years old, explain any major renovations in wiring, plumbing, and roof. Supply date of renovations: _____

Does the applicant own or operate any other business or property? _____ If yes, explain: _____

Do you have an Internet website? If so, provide web address: _____

REQUIRED CRIME UNDERWRITING INFORMATION

1. Maximum amount of money on premises during business hours: _____ when closed: _____
2. Is money, securities, valuable papers and records kept in a safe or vault? Yes No What type: _____
3. Is there an audit by? CPA Public Accountant Staff Other: _____
4. Audit frequency: annually semi-annually quarterly
5. Are all officers and employees required to take an annual vacation at least five consecutive business days? Yes No
6. **Is there a burglar alarm?** Yes No
 Type: Hold up Premises Safe UL Cert. # and Exp. Date: _____
 Description: Local Central Station Other: _____
7. Are accounts receivable records duplicated? Yes No Where are the duplicates kept? _____
8. Are exit doors equipped with double cylinder deadlocks? Yes No Are the windows barred? Yes No
9. Are storage areas fenced and locked? Yes No Is there adequate lighting in storage area? Yes No
10. Is there a fire alarm? Yes No Type: Local Central Station Other: _____

REQUIRED LOSS CONTROL INFORMATION - ADDITIONAL UNDERWRITING INFORMATION

The following safety features are required. Any NO answers require prior underwriting approval.

Please explain any "YES" answers to the following questions in the "Comments" section. (comments section below)

	YES	NO		YES	NO
1. Does automatic extinguishing system cover all cooking surfaces, including grills, broilers, hood and exhaust duct?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is this a seasonal operation? (Does business close down during certain periods during the year?)	<input type="checkbox"/> *	<input type="checkbox"/>
2. Is there an automatic fuel shutoff?	<input type="checkbox"/>	<input type="checkbox"/>	15. Is valet parking provided?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is service contract present for semi-annual inspections and maintenance of the automatic extinguishing system? (Attach copy of contract) Date of Last Service: _____	<input type="checkbox"/>	<input type="checkbox"/>	16. Is there live entertainment or dancing on premises? If YES, Risk not eligible	<input type="checkbox"/>	<input type="checkbox"/>
4. Is interior of hoods and ducts cleaned by an outside professional firm on a minimum semi-annual basis? (Attach copy of contract) Date of Last Service: _____	<input type="checkbox"/>	<input type="checkbox"/>	17. Does insured employ bouncers, security services or I.D. checkers?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are filters cleaned or changed a minimum of once a week?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is playground equipment located on premises?	<input type="checkbox"/> *	<input type="checkbox"/>
6. Are fire extinguisher(s) readily accessible and inspected regularly? Date of Last Inspection: _____	<input type="checkbox"/>	<input type="checkbox"/>	19. Are there more than three coin operated video/arcade type games located on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are trash and dirty linens disposed of in proper containers with self-closing lids?	<input type="checkbox"/>	<input type="checkbox"/>	20. Is the risk located in a converted structure? (Converted structure is a building not originally constructed for restaurant occupancy)	<input type="checkbox"/> *	<input type="checkbox"/>
8. Are exits marked with illuminated exit signs?	<input type="checkbox"/>	<input type="checkbox"/>	21. Is any portion of the building vacant, unoccupied or seasonal?	<input type="checkbox"/> *	<input type="checkbox"/>
9. Do doors open outward?	<input type="checkbox"/>	<input type="checkbox"/>	22. Any athletic/sporting events on or off premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do exit doors have panic hardware?	<input type="checkbox"/>	<input type="checkbox"/>	23. Any sponsored events?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	24. Are there any overdue mortgage payments, tax liens or business taxes?	<input type="checkbox"/> *	<input type="checkbox"/>
12. Is there a set closing procedure for cooking equipment shutdown, trash and ashtray remains disposal and nightly deposits?	<input type="checkbox"/>	<input type="checkbox"/>	25. Are there any current violations of fire, safety, health, building or construction codes?	<input type="checkbox"/> *	<input type="checkbox"/>
13. Are snow removal services contracted?	<input type="checkbox"/>	<input type="checkbox"/>	26. Has the insured or any other entity in which the insured is or was an officer, owner, or major stockholder ever filed for protection under the bankruptcy laws?	<input type="checkbox"/> *	<input type="checkbox"/>
			27. Is there any other insurance in force or to be secured on this property?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: * If Yes refer to Company for approval

LIQUOR LIABILITY

(Optional - only complete this section if liquor liability coverage is requested.)

Limits of Liability: \$100,000/\$100,000 \$100,000/\$200,000 \$300,000/\$300,000 \$300,000/\$600,000
 \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

REQUIRED UNDERWRITING INFORMATION

1. Type of license: _____ Please explain any **YES** answers to the following questions in the "Comments" section on page 3.

2. License Number: _____

3. Type of clientele: _____	1. Any special promotions? (happy hour, ladies night, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Average age of clientele: _____	2. Is beer or wine only served?	<input type="checkbox"/>	<input type="checkbox"/>
5. What hours is regular full time manager on duty? _____	3. Is draft beer sold?	<input type="checkbox"/>	<input type="checkbox"/>
6. No. of years manager has worked at establishment: _____	4. Is there a separate bar area?	<input type="checkbox"/>	<input type="checkbox"/>
7. Price of bottled beer: _____	5. Are drinks served at other than tables only?	<input type="checkbox"/>	<input type="checkbox"/>
8. Price of house liquor: _____	6. Any prior liquor violations?	<input type="checkbox"/>	<input type="checkbox"/>
9. Price of average glass of wine: _____	If YES, refer to Company for approval.		

**SERVER TRAINING CONFIRMATION
(Required when Liquor Liability Coverage is requested)**

I agree that I will have all servers of alcoholic beverages trained under a recognized program for the training of servers of alcoholic beverages.

1. If this is a new program to your business, you agree to schedule implementation over the next 45 days with a completion date of no later than 6 months from the inception date of this coverage. This training will include all employees who serve alcoholic beverages. All new hires will be scheduled for training at the next available training sessions after their date of hire.

2. If your business has already implemented an approved training program, you agree to maintain that program in force and train all newly hired servers at the next available training session after their date of hire.

Signature of the named insured or responsible corporate officer

Date

List prior insurance carrier and policy number:

Prior Business Information: Have you conducted your business under any other name during the past five years with all or partial ownership? If so, provide your prior business name, the prior insurance carrier name and policy number and any loss information for your prior business.

LOSS HISTORY (Past 3 Years)

Date of Loss	Type of Loss	Description of Loss, Corrective Measures (if applicable)	Amount Paid	Reserve

NOTICE OF INSURANCE INFORMATION PRACTICES:

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

MINIMUM RETAINED PREMIUM:

IN THE EVENT OF CANCELLATION OF THIS POLICY, A MINIMUM RETAINED PREMIUM MAY APPLY.

DIRECT BILL:

IF YOU HAVE SELECTED THE DIRECT BILL OPTION FOR YOUR PREMIUM BILLING, INSTALLMENT SERVICE FEES AND LATE FEES MAY APPLY. IT IS UNDERSTOOD THAT IF YOUR DEPOSIT, WHETHER PARTIAL PAYMENT OR FULL PAYMENT BY CHECK IS RETURNED BY THE BANK DUE TO INSUFFICIENT FUNDS, COVERAGE WILL BE NULL AND VOID FROM INCEPTION.

APPLICABLE IN NEW YORK STATE

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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CRIME FOR EACH SUCH VIOLATION.

NEW YORK REGULATION 52-A DISCLOSURE:

NOVA AMERICA GROUP, INC., DBA BROKERS' MARKETPLACE, THE PARENT OF NOVA CASUALTY COMPANY, ALSO ACTS AS ITS SERVICING AGENT. THE INSURED DOES NOT RECEIVE ANY SPECIAL BENEFITS OR ADVANTAGES BECAUSE OF THIS RELATIONSHIP.

TERRORISM COVERAGE: I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT I MAY ACCEPT OR REJECT THIS OFFER OF COVERAGE. IF COVERAGE IS ACCEPTED, I UNDERSTAND COVERED LOSSES CAUSED BY A CERTIFIED ACT OF TERRORISM UNDER MY POLICY WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES AND I HAVE BEEN NOTIFIED OF THE AMOUNT OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE. IF COVERAGE IS REJECTED, I UNDERSTAND THAT AN EXCLUSION OF CERTIFIED TERRORISM LOSSES WILL BE MADE PART OF THIS POLICY. IN SOME STATES, THIS EXCLUSION DOES NOT APPLY TO FIRE LOSSES RESULTING FROM ACTS OF TERRORISM. IF THIS EXCEPTION APPLIES TO MY POLICY, I HAVE BEEN NOTIFIED OF THE PREMIUM ATTRIBUTABLE TO SUCH FIRE COVERAGE.

APPLICANT'S SIGNATURE	TIME	DATE	PRODUCER'S SIGNATURE	TIME	DATE
_____	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	____/____/____	_____	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	____/____/____