



Restaurant Application

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INSTRUCTIONS:

1. ALL QUESTIONS MUST BE ANSWERED IN FULL. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
2. BINDING REQUESTS MUST HAVE ALL SECTIONS SIGNED

Producer: _____ Phone _____
 Address: _____ Fax _____
 _____ E-Mail _____

Applicant Name _____

SSN or FEIN _____ *Required to comply with the OFAC per USA Patriot Act of 2001

Business Name (DBA) _____

Mailing Address _____

E-Mail Address _____

Individual Partnership Joint Venture Corporation Other _____

Location #1 _____

Location #2 _____

Inspection Hours _____ Phone _____

Requested Effective Date: _____ Annual Policies Only

Years in Business: _____ Years of Experience in this field _____

NATURE OF BUSINESS

Restaurant without Table Service Restaurant with Table Service

No Alcohol Beer & Wine Only Full Bar Service

PRIOR CARRIER / LOSS INFORMATION

Prior Carrier (Last Three Years) – If no prior answer no Prior Insurance questions on this application

Year	Insurance Company	Premium	Date of Loss	Total Paid + Reserve	Status

Do you have knowledge of any event other than a reported loss which might give rise to a claim? Yes No

During the past three years, has any insurance company ever canceled, declined or refused to issue any similar insurance? Yes No

Explain all YES answers above _____

RESTAURANT OPERATIONS UNDERWRITING QUESTIONS

1. Number of years in this type of business?			
2. Number of Years this Business has been in operation?			
3. Provide Gross Receipts for Food and Alcoholic Beverages:		Food:	Alcohol:
4. Alcoholic Beverage service is:	<input type="checkbox"/> Beer & Wine Only	<input type="checkbox"/> Full Bar Service	
5. Table Service? (Waiters or Waitresses)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Provide Hours of Operation:		7. Any Catering? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Provide Contact Person for Inspection		Receipts from Catering: Food:	Alcohol:
9. Are all parking areas paved?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Number of Employees Full and Part Time		Full Time:	Part Time:
11. Describe any entertainment: <input type="checkbox"/> None <input type="checkbox"/>			

PROPERTY AND PREMISES UNDERWRITING QUESTIONS

Is the premise equipped with active Central Station Burglar Alarm System?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Wiring:		<input type="checkbox"/> Copper	<input type="checkbox"/> Aluminum
Are there operable fire extinguishers mounted and easily accessible?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building 100% Sprinklered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of electrical wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum		Up to Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the condition of the premise(s)		<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Improving
Type of Construction:		<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry <input type="checkbox"/> Metal/Steel <input type="checkbox"/> Other Non-combustible
Year Built:	Year Updated - Wiring:	Plumbing:	Roofing: HVAC:
Total Area:	Customer Area (no Patio or Banquet):	Patio or Banquet room Area:	
Is the building single Occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Protection Class:	
Does the insured own the building? <input type="checkbox"/> Yes <input type="checkbox"/> No		What are the other Occupants?:	

COOKING HAZARD UNDERWRITING QUESTIONS

Is any type of cooking done on the premises besides microwave heating?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of auto extinguishing system:		<input type="checkbox"/> Wet Chemical (UL300)	<input type="checkbox"/> Dry Chemical
Does the auto extinguishing system cover all cooking surfaces including fryers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a Service Contract for Flue Cleaning and auto extinguishing system?		<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months
Is there an Automatic Gas or Electric Shutoff with manual pull?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are hoods & ducts equipped with filters?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often are filters cleaned?		<input type="checkbox"/> Every Month	<input type="checkbox"/> Every Three Months <input type="checkbox"/> Every Six Months
Are portable fire extinguishers mounted and accessible to cooking areas?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a Wood Fired Pizza Oven?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide manufacturer and model number			

PROPERTY COVERAGE REQUESTED LIMITS

COVERAGE	Co-Ins	LIMITS	CAUSES OF LOSS	DEDUCTIBLE
Building Coverage	<input type="checkbox"/> 90%		<input type="checkbox"/> Special Including Theft <input type="checkbox"/> Special Excluding Theft	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500
Business Personal Property	<input type="checkbox"/> 90%		<input type="checkbox"/> Special Including Theft <input type="checkbox"/> Special Excluding Theft	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500
Business Income	<input type="checkbox"/> ALS 12 months	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	<input type="checkbox"/> Same as above	
Outdoor Signs	<input type="checkbox"/> Include <input type="checkbox"/> Exclude		Limit or Value of Signs:	
Glass Coverage	<input type="checkbox"/> Include <input type="checkbox"/> Exclude		Linear Feet:	
Accounts Receivable	10,000 is included. Additional limits in 10,000 increments		Limit:	
Valuable Papers	10,000 is included. Additional limits in 10,000 increments		Limit:	
Computer Coverage	10,000 is included. Additional limits in 10,000 increments		Limit:	
Fine Arts Floater	Limits are in 1,000 increments. A Schedule will be required.		Limit:	

Money & Securities	1,000 is included. Additional limits to 30,000 are available.	Limit:
Employee Dishonesty	Limits start at 10,000	Limit:
Employee Benefits Liability	<input type="checkbox"/> No Coverage <input type="checkbox"/> \$ 500,000 <input type="checkbox"/> \$ 1,000,000	
System Breakdown	<input type="checkbox"/> No Coverage <input type="checkbox"/> Basic <input type="checkbox"/> Comprehensive without Boilers <input type="checkbox"/> Comprehensive with Boilers	
Water Damage	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

LIABILITY REQUESTED LIMITS AND OPTIONS

<u>BUSINESSOWNERS GENERAL LIABILITY Including</u> Products and Completed Operations Personal Injury and Advertising Injury Assault & Battery Not Excluded Premises Damage or Fire Legal same limit as occurrence Medical Expense \$5,000 / \$25,000 Included	<u>LIMITS OF LIABILITY</u> <input type="checkbox"/> 100,000 CSL / 200,000 AGGREGATE <input type="checkbox"/> 300,000 CSL / 600,000 AGGREGATE <input type="checkbox"/> 500,000 CSL / 1,000,000 AGGREGATE <input type="checkbox"/> 1,000,000 CSL / 2,000,000 AGGREGATE
<input type="checkbox"/> Include <u>Liquor Liability</u> <input type="checkbox"/> Exclude <u>Liquor Liability</u> <input type="checkbox"/> No Coverage <input type="checkbox"/> \$300,000 Limit <input type="checkbox"/> \$500,000 Limit <input type="checkbox"/> \$1,000,000 Limit	

Catering Liability: Same Limits as General Liability. Provide receipts from Catering:
 Food: _____ Alcoholic Beverages: _____

Non-Owned Auto: For qualifying risks only:
 Is there any delivery of any kind? Yes No Number of Employees: _____
 Partnership Non-Owned Auto Number of Partners: _____

Additional Insured: Provide Name, Address and Interest of Additional Insured
 Landlord Other, Describe Interest:

 Name:
 Address:
 City, State and Zip:

NEW BUSINESS ONLY QUESTIONS

1. Number of years total in restaurant business: _____. Please give employers name and position or positions held for the years in the restaurant business. In the notes section, please tell us about any specialties or specific talents or skills that the insured has acquired.

Name of Business:
 Years Employed:
 Was the insured the owner or employee?
 Position or positions:
 Notes on Positions held:

AGREEMENTS SECTION

APPLICATION AGREEMENTS

I (the insured as shown) have reviewed all pages of this application and confirm that the coverages and limits selected are the only ones I want to purchase. I understand that no coverage will be afforded with this application except those coverages specifically checked on this application. I agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I warrant that all information on this entire application is true and correct and that any incorrect information may void all coverages from the effective date. I further agree to notify the company in writing of all new employees and independent contractors within 10 days of hiring. I understand that failure to report all employees and independent contractors whether or not they drive autos can result in cancellation of the policy, voided coverage, denial of a claim or increase in premium.

I understand that an offer of insurance and premium quoted is based upon the prior loss history as represented in this application. If it is determined that the prior loss history is not as indicated in this application, the policy may be void, subject to cancellation, or an increase in premium.

I AUTHORIZE ANY PRIOR INSURANCE COMPANY TO RELEASE ALL OF MY CLAIMS AND UNDERWRITING INFORMATION DIRECTLY TO CRES INSURANCE SERVICES, LLC.

APPLICANTS SIGNATURE: _____ DATE: _____

BROKERS SIGNATURE: _____ DATE: _____

INSPECTION FEE

A fully earned Inspection fee of \$100 is charged for the purpose of having the insurance company arrange loss control evaluation. This fee is applicable to new policies and renewals at the discretion of the underwriter and is in effect until revoked in writing. By signing this application you are agreeing to this fee.

POLICY FEE

A fully earned Policy fee of \$50 is charged to offset the cost of producing and delivering the policy. The Fee also offsets the cost of any endorsements adding or deleting coverages or conditions with the exception of Non-Payment Reinstatements which have their own fee. Each year a new policy is required. By signing this application you are agreeing to this fee.

NON-PAYMENT REINSTATEMENT FEE

A fully earned fee of \$25 is charged to offset the cost of reinstatement procedures. By signing this application you are agreeing to this fee.