

## RESTAURANT PAK

### Mid-America Specialty Markets Quote Information

Client \_\_\_\_\_

Submission Date \_\_\_\_\_

Submitted By \_\_\_\_\_

#### Please Quote These Lines of Coverage

- General Liability
- Property
- Business Auto
- Workers Compensation
- Umbrella
- Life
- Other Coverage

Current Insurance Company \_\_\_\_\_

Current Insurance Agency \_\_\_\_\_

Expiration Date of Current Policies \_\_\_\_\_

When submitting a request for quote please complete the general applicant information page along with the appropriate coverage section checked above. In addition please submit a copy of the current policy declaration page(s) and any hard copy loss information for review.

Once complete fax or email these items to:

Mid-America Specialty Markets  
Fax: 573-447-4998  
Email: [getquote@midaminsurance.com](mailto:getquote@midaminsurance.com)

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**GENERAL APPLICANT INFORMATION - RESTAURANT PAK**

SUBMISSION DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ POSITION \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

Federal ID \_\_\_\_\_ Years in Business \_\_\_\_\_

Type of Business:     Corp     LLC     Sole Prop     Partner     Other \_\_\_\_\_

Owners:	Name	Title	% Owned	DOB	SSN
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**Status of Submission**

Quote - Need Quote Back: \_\_\_\_\_  
 Target Premium Needed: \_\_\_\_\_

: Current Insurance Carrier:  
:  Currently Insured \_\_\_\_ # Years  
: Name of Insurance Company:  
: Name of Insurance Agency:  
:

**Full Description of Business Operations**

**GENERAL LIABILITY SECTION**

Occurrence Limit \_\_\_\_\_ PD Deductible \_\_\_\_\_ Now Paying \_\_\_\_\_  
General Aggregate \_\_\_\_\_ Medical Expense \_\_\_\_\_  
Products – Completed Ops Aggregate \_\_\_\_\_ Fire Damage \_\_\_\_\_  
[ ] Occurrence [ ] EPLI  
[ ] Claims Made Retro Date \_\_\_\_\_ [ ] Directors and Officers  
[ ] Per Project Aggregate [ ] Pollution  
[ ] Additional Insured Required [ ] Liquor Liability Requested  
[ ] Waiver of Subrogation Required [ ] Other - Describe

Description of Work Performed or Product Produced	Current Code (if available)	Gross Sales
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PROPERTY SECTION**

BUILDING #1 \_\_\_\_\_ Now Paying \_\_\_\_\_  
Physical Location Address \_\_\_\_\_  
(if different from mailing address)  
[ ] Applicant Owns Building  
[ ] Applicant Rents Building – List Owner \_\_\_\_\_  
Responding Fire Department \_\_\_\_\_ Dist to FD \_\_\_\_\_ Dist to Hydrant \_\_\_\_\_  
Square Foot \_\_\_\_\_ Type of Heat \_\_\_\_\_ Describe Other Occupants \_\_\_\_\_  
Construction: [ ] Frame [ ] Masonry NC [ ] Masonry [ ] Non Combustible Age of Building \_\_\_\_\_  
Building Limit \_\_\_\_\_ Ded \_\_\_\_\_ Description of Use \_\_\_\_\_  
Contents Limit \_\_\_\_\_ Ded \_\_\_\_\_ Description of Contents \_\_\_\_\_  
Business Property of Others \_\_\_\_\_ Ded \_\_\_\_\_ Describe any other coverage needs:

Lien Holder:

# RESTAURANT APPLICANT QUESTIONNAIRE

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Please fully complete this section:

1) Number of years operating under this name? \_\_\_\_\_

2) Special Building Features – Describe: \_\_\_\_\_

3) Normal hours and days of operation? \_\_\_\_\_

4) Was the building originally built for the current occupancy? Describe: \_\_\_\_\_

5) Is this a franchise – type of restaurant? \_\_\_\_\_ If no, fully describe operation: \_\_\_\_\_

6) Do you perform any banquet or catering operations? \_\_\_\_\_ If yes, fully describe operations: \_\_\_\_\_

If yes – provide annual receipts from these operations: \_\_\_\_\_

7) Are all safety rules posted? \_\_\_\_\_

8) Does this restaurant have:	Yes	No
UL 300 Automatic Extinguishing System (AES)	[ ]	[ ]
If yes, is there a maintenance contract in place?	[ ]	[ ]
Name on the AES _____		
Are hoods and ducts over all cooking equipment?	[ ]	[ ]
Are hoods and ducts under a maintenance contract?	[ ]	[ ]
Are hoods and filters cleaned weekly by staff?	[ ]	[ ]
Are there automatic fuel shut offs for all cooking equipment?	[ ]	[ ]
Are there proper fire extinguishers available in kitchen?	[ ]	[ ]
Manual pull in exit path?	[ ]	[ ]
Is there a high limit control on deep fat fryer?	[ ]	[ ]

9) Is there any delivery? \_\_\_\_\_ If yes, what are annual receipts from delivery? \_\_\_\_\_

10) Is the business seasonal? \_\_\_\_\_ Describe: \_\_\_\_\_

11) Is there any table side cooking? \_\_\_\_\_ Describe: \_\_\_\_\_

12) Is entertainment or dance floor provided? \_\_\_\_\_ Fully Describe: \_\_\_\_\_

13) Provide Total Annual Food Sales: \_\_\_\_\_

14) Provide Total Annual Liquor Sales (including beer and wine) \_\_\_\_\_

**BUSINESS AUTO SECTION**

Now Paying \_\_\_\_\_  
Limits      Liability \_\_\_\_\_      UM/UIM \_\_\_\_\_      Med Pay \_\_\_\_\_

List Vehicle/Describe Use	VIN	Comp Ded	Coll Ded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Drivers Full Name	DOB	DL #	SSN	Violations
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**WORKERS COMPENSATION SECTION**

Now Paying \_\_\_\_\_  
 Currently Insured – Company \_\_\_\_\_ How Long \_\_\_\_\_  
 Experience Rated – Normal Anniversary Date \_\_\_\_\_ Current E Mod \_\_\_\_\_

Class Code	Description of Work	# Full	#Part	Payroll
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Owners Included / Excluded Name	Title	Duties	% Owner	Inc/Exc	Actual Payroll
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**COMMERCIAL UMBRELLA SECTION**

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Limit Requested \$ \_\_\_\_\_

Now Paying \_\_\_\_\_

If not quoting all lines of coverage please list all other underlying companies and current limits if you wish to have this umbrella provide coverage over those policies.

<u>Effective Date</u>	<u>Line of Underlying Coverage</u>	<u>Underlying Company</u>	<u>Underlying Liability Limit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIFE INSURANCE SECTION**

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<u>Name</u>	<u>DOB</u>	<u>Smoke Y/N</u>	<u>Describe Coverage Amount and Type Requested</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER COVERAGE SECTION**

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Describe:

## **LOSS / CLAIMS INFORMATION**

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**Describe all claims paid and losses:**