

RESTAURANT PROGRAM - FAST TRACK INSURANCE APPLICATION

To receive a free no-obligation quotation complete this application and return to our office. We will contact you within 48 hours with a status update. If you have any questions please contact the Agent of Record (see below).

Note: For multiple locations please complete separate application for each location.

First Choice Insurance Agency
Jeffrey Cassedy - Agent of Record
Direct Line: 703-382-2342 Fax: 703-483-9934 E-mail: JGC@FCIAGENCY.COM
P.O. Box 150337, Alexandria, VA 22315

Business Name _____

Physical Address _____

City _____ County _____ State _____ Zip Code _____

Contact _____

Phone _____ E-mail _____

Effective/Renewal Date _____ Current Insurance Carrier _____

BUSINESS INFORMATION

Applicant is a: Corp Partnership LLC Individual

Applicant is a: Restaurant Nightclub Tavern Fast Food

Franchise: Yes No Chain: Yes No

OPERATIONS SECTION

Hours of Operation: from _____ to _____ # days per week _____

Is Applicant a Seasonal Operation? Yes No

PHYSICAL PLANT LOCATION

Age of Building: _____ # of Stories: _____ Is there a Sprinkler System? _____

Age of: Wiring _____ Plumbing _____ Heating _____ Roofing _____

Fire Alarm: Yes No 24/7 Monitored Yes No

Burglar Alarm: Yes No 24/7 Monitored Yes No

Automatic Extinguishing System under Semiannual Contract: Yes No

System Name: _____ Type: Wet Dry

Automatic Gas or Electric Shut Offs for Cooking: Yes No

Hoods and Filters Cleaned Weekly by Staff? Yes No

Hoods and Ducts Over All Cooking Equipment? Yes No

Maintenance Contract for Hoods and Ducts Cleaning? Yes No

ENTERTAINMENT SECTION - check all that apply

Entertainment? Yes No

Type: Band DJ Go-Go Karaoke Theater

Dance Floor? Yes No If yes, Square Ft. _____

Amusement Devises (Pool tables, Video Games, etc.) Yes No

SECURITY

Are Bouncers, ID Checker, Crowd Control or Security Used? Yes No

If yes to above please describe _____

GENERAL INFORMATION - check all that apply

Hookah Lounge
Wood Fire Oven

Open Pit Cooking
Food Delivery

Table Side Cooking

PROPERTY COVERAGE SECTION

Does Applicant Own Building Yes No

Is Applicant Required by Lease to Insure Building Yes No

Building Limit \$ _____ (if required)

Contents Limit \$ _____

Improvements & Betterments Limit \$ _____

LIABILITY SECTION

General Liability Limit: \$500,000 \$1,000,000 \$2,000,000

Gross Annual Receipts: Food _____ Liquor _____ Other _____

Square Footage: _____ Table Seating Capacity _____

Catering Yes No If Yes, Percentage of Receipts _____

LIQUOR LIABILITY SECTION - OPTIONAL COVERAGE

Does Applicant Serve Alcohol, if Yes Complete Entire Section Yes No

Does Applicant Have Liquor License Yes No

Alcohol Server Training Provided Yes No

Is There a Happy Hour Yes No

Number of Bar Seats _____ Max # of Staff Per Shift: Bartenders _____ Wait Staff _____

UMBRELLA LIABILITY SECTION - OPTIONAL COVERAGE

Umbrella Liability Limit \$ _____

WORKERS COMPENSATION - complete Workers Compensation Application, see www.fciagency.com

COMMERCIAL AUTO - complete Commercial Auto Application, see www.fciagency.com

CLAIMS - please provide details of any claims in past 3 years.

SIGNATURE

By signing below you acknowledge that the statements and answers provided on this application are truthful and accurately represent your business at this time and that no substantial changes are anticipated.

Signature: _____ Title: _____

Type Name: _____ Date: _____

Additional information may be necessary. Not all businesses will qualify for quotation.

If any questions contact Jeffrey Cassedy @ 703-382-2342 or e-mail JGC@FCIAGENCY.COM