

Restaurant Insurance

FAX-A-QUOTE

Fax #: 1-978-688-5350



Please briefly answer the following questions:

Restaurant Name: _____

Legal Entity Name: _____

Contact: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____ Email: _____

Number of years in business: _____

Number of owners/partners: _____

Number of locations? _____

Services Offered: Catering Delivery Valet

Number of employees: Full-Time: _____ Part-Time: _____

Number of vehicles owned by the business? (if any): _____

Please Estimate: Gross annual food sales: \$ _____

Please Estimate: Gross annual liquor sales: \$ _____

Please Estimate: Annual owner/partner payroll: \$ _____

Please Estimate: Annual employee payroll: \$ _____

Does the business own the building? Yes No

Approximate cost to rebuild your building: \$ _____

Are there other occupants in the building? Yes No

What is the construction of your building: Wood Concrete Brick Other _____

Is your building outfitted with fire sprinklers? Yes No

Do you want to insure your business tools/equipment (excluding vehicles): Yes No

If yes, what is the estimated value of the business tools/equipment: \$ _____

Property Deductible? \$1,000 \$2,500 \$5,000 Other _____

Liability Limit? \$500,000 \$1,000,000 \$2,000,000 Other _____

Have you had any property or liability claims in the last 5 years Yes No

If yes please explain: _____

Do you want a quote for an umbrella excess liability policy? Yes No

Name of your current insurance company and renewal date(s) _____

How may we earn your business? What are you looking for in an insurance agency? _____

*If available, please send copies of the declarations pages from your current insurance policies, so we can review. This will allow you to skip the questions above!

Thank you! We look forward to shopping among our various insurance companies for insurance