

BROKERING AGENT'S REGISTER NUMBER # _____

CARRIER: GRANADA INS. CO.		UNDERWRITER:		DATE:	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		TOTAL PREMIUM:	

APPLICANT INFORMATION

NAMED INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
INDIVIDUAL: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:	
INSPECTION CONTACT:			PHONE:		

LOCATION

STREET:		CITY:		COUNTY:		STATE: FL	ZIP:
Exposure	Limit	Coins %	Valuation		Deductible		
Building	\$		<input type="checkbox"/> ACV	<input type="checkbox"/> RC	___% wind	\$___ AOP	<input type="checkbox"/> Wind Excluded
Business Personal Property	\$		<input type="checkbox"/> ACV	<input type="checkbox"/> RC	___% wind	\$___ AOP	<input type="checkbox"/> Wind Excluded
Business Income w/ee	\$	None	Limit of Indemnity		<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6
Outdoor Signs	\$ Deductible 5% all perils - Subject to Minimum Deductible \$1,000						

GLASS SCHEDULE

NO. OF PLATES	LENGTH	WIDTH	DESCRIPTION	USE AND POSITION IN BUILDING

	Yes	No	Distance to responding fire station:	Distance to fire hydrant:
Central Station Burglar Alarm			Construction:	Protection Class:
Sprinklered			Year Built:	Square Footage:
Fire Alarm				
Cooking on premises			Building updates (include year):	
Ansul System			Wiring? <input type="text"/>	Plumbing? <input type="text"/>
Service agreement in place			Heating? <input type="text"/>	Roof? <input type="text"/>

CAUSES OF LOSS - Building

Basic Broad Special

CAUSES OF LOSS - Business personal property

Basic Broad
 Special Excluding Theft Special Including Theft (UL Approved Central Station Alarm Cert. Required)
 Special Excluding Theft with Burglary sub limit \$(5,000 10,000)

MORTGAGE / LOSS PAYEE	
Interest	Name and Address:
<input type="checkbox"/> Loss Payee	
<input type="checkbox"/> Mortgagee	

GENERAL LIABILITY SECTION

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products and Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$

SCHEDULE OF HAZARDS

Class Code - Classification	Premium Basis: Gross Sales
<input type="checkbox"/> 16818 - Restaurant with sales of alcoholic beverages that are more than 75% of the total annual receipts of the restaurant, no dance floor	\$

ADDITIONAL INSURED EXPLAIN INTEREST

NAME:	SPECIFY INTEREST:
ADDRESS:	
NAME:	SPECIFY INTEREST:
ADDRESS:	

Agent to provide company with a copy of each certificate of insurance

OPERATION INFORMATION

Describe all business operations conducted by applicant:		
Number of years operating this type of business:		
Latest hour of operation:	Number of days open each week:	Seating capacity:

OPERATION INFORMATION

Number of years in tavern management	At this location	
Total square footage	Public area square footage	
Has owner/manager been involved in any of the following?	<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Business Failure
	Yes	No
Do you provide delivery services?		
Is dancing permitted? (Risks with dance floor are prohibited)		
Do you employ bouncers, security, or doormen?		
Is parking lot under insured's control?		
Any tableside cooking?		
Valet parking?		
Is this a franchise operation?		
Do you sponsor/participate in any athletic or special event where coverage is needed?		
Do you provide entertainment? If yes, explain:		
Are all cooking surfaces and deep fryers under an approved metal exhaust hood?		
Are all cooking surfaces and deep fryers protected by an automatic extinguishing system?		
Is automatic extinguishing system cleaned under a written maintenance contract at least every 6 months?		
Are there any automatic gas or electric fuel shut-offs for the cooking appliances?		
Are grease drip pans/trays emptied out daily?		
Does applicant have any of the following exposures: mechanical rides, moonbounces, trampolines, rock walls, pyrotechnics, or foam machines?		
Does insured have a cleaning contract with outside professional cleaning contractor for periodic cleaning of all hoods, ducts, vents, fan motors, etc.? Schedule?		
Is the exhaust hood including ductwork and filters serviced and cleaned under a written maintenance contract at least every 6 months?		
Are there any amusement devices on the premises (pool tables, video games, dart boards, etc.)? If yes, number and description:		

No Liquor Liability Coverage Provided

If Liquor Liability Coverage is desired, please complete Liquor Liability Application 301 (03-07)

PRIOR CARRIER INFORMATION

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 3 years

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COMMENTS:

Personal information about you may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. 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.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the down payment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

This application is in compliance with Florida Statute 626.752 A copy has been furnished to the applicant or insured and coverage is
 Bound effective _____(Time) _____(Date) Not Bound
 I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____