



PHOENIX INSURANCE UNDERWRTERS, LLC

231 Palermo Avenue * Miami, FL 33134
Tel. (305) 446-0668 / Fax: (305) 446-5499

RESTAURANT AREA PROGRAM APPLICATION

NEW BUSINESS RENEWAL

Proposed Effective Date: _____ To: _____

Policy Number: _____

Applicant / Insured:		Producer Name:	
DBA:	City & State: FL	Zip-Code:	Producer Address:
Contact (Name):	FL		
Contact Phone #:	Agent's 2-20 Lic. #:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit Corporation
			Years in Business: _____
Location Address:			
_____ Street		_____ City	
_____ County		_____ State	
		_____ 33134	
		_____ Zip-Code	

Description of Operations:

Please describe business operations:

Property Information (Maximum Combined Limit - \$500,000 per Location & Theft Coverage Limit - \$10,000 per occurrence)

Causes of Loss Form:	Coverages:	Limits:	Deductible:
Basic Form	Building	\$ -	\$ -
Special Form (Excluding Theft Coverage)	Business Personal Property	\$ -	\$ -
Special Form (Including Theft Coverage)	Business Income	\$ -	\$ -
Customer Area (Sq. Ft.)	Optional Coverages:	Limits:	Deductibles:
_____ -	Monies & Securities	\$ -	\$ -
	Glass Coverage	\$ -	\$ -
Construction Type:	Sign Coverage	\$ -	\$ -
_____ Select One	Food Spoilage	\$ -	\$ -
Coinsurance:	Wind & Hail Deductible:	Betterment & Improvements:	
_____ 90% Coinsurance	_____ 5%	\$ -	\$ -

General Liability:

Coverage:			
Commercial General Liability:	<input checked="" type="checkbox"/> Occurrence	Classification: _____ 16910	Premium Basis: _____ Area
Liability Limits:	<input checked="" type="checkbox"/> Deductible: _____ \$500	Liquor Liability Limits:	
General Aggregate	_____ Select One	General Aggregate	_____ None
Products Completed Operations	_____ None	Each Occurrence	_____ None
Personal & Advertising Injury	_____ None	Parking Liability:	
Each Occurrence	_____ None	General Aggregate	_____ None
Fire Damage (Any one Fire)	_____ None	Each Occurrence	_____ None
Medical Exp. (Any One Person)	_____ None		

Additional Interest:		
Interest #1: <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder <input type="checkbox"/> Employee as Lessor	Name & Address	Interest in Item Number Location: _____ Building: _____ Vehicle: _____ Boat: _____ Schedule Item Number: _____
Interest #2: <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder <input type="checkbox"/> Employee as Lessor	Name & Address	Interest in Item Number Location: _____ Building: _____ Vehicle: _____ Boat: _____ Schedule Item Number: _____

Prior Carrier Information:					
Carrier	Year	Policy Number	Property Limits	Liability Limits	Total Premium

Loss History:
 (Enter all claims or occurrences that might rise to claims for the prior 3 years)

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Reserve Amount	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
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Information:

Explain all "Yes" responses

- 1) Is your business a New Venture?
- 2) Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?
- 3) Is a normal safety program in operation?
- 4) Any exposure to flammable, explosives, chemicals?
- 5) Any catastrophe exposure?
- 6) Any other insurance with this company has been submitted?
- 7) Has applicant and/or directors had any loan defaults or filed for bankruptcy in the past 5 years?
- 8) Any policy or coverage declined, canceled or non-renewed during the prior 5 years?
- 9) Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hitting?
- 10) During the last 10 years, has any applicant been convicted or accused of any degree of crime or ARSON?
- 11) Any lawsuits in the past 5 years?

No	▼
No	▼
Yes	▼
No	▼
No	▼
No	▼
No	▼
No	▼
No	▼
No	▼
No	▼

Supplemental Information:

- 1) Type of Restaurants: If "Other", please described below:
- 2) Hours of Operation: From: to:
- 3) Days of Operations: From: thru:
- 4) Restaurant Total Area: Customer Area: Capacity:
- 5) Is Restaurant located in a common area with other entities?
- 6) Any Steps in premises? If Yes, are there "Caution" signs posters? No
- 7) Does Restaurant offer table side cooking?
- 8) Any outside catering operations?
- 9) Any delivery service?
- 10) Bar or Lounge Area?
- 11) Does establishment have a liquor license?
 If Yes, has license ever been canceled or suspended?
- 12) Is Hard Liquor other than beer and wine served?
- 13) Is beer and wine service limited to same hours of operation as restaurant?
- 14) Any Happy Hour?
- 15) Any dancing or dance floor?
- 16) Any valet parking service?
- 17) Any amusement devices such as pool tables, dart boards or electronic games?
- 18) Any playgrounds or playrooms?
- 19) Any separate "Party Rooms" available?
- 20) Does restaruant serve any Sushi or Raw Foods?
- 21) Does restaurant display in restroom "Wash Hands" signs for employees?
- 22) Is establishment undergoing any renovations?
- 23) Is there a drive through operation
- 24) Advise beer and wine sales in most recent 12 months period:
- 25) Advise food sales in most recent 12 months period:
- 26) Does automatic extinguisher system cover all cooking surfaces including grills and broilers?
- 27) Is there any active service contract for inspection and maintenance of hood, ducts and automatic extinguish system?
- 28) How often are hood filters cleaned?

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

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 12:00am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..." Any person who knowingly and with the intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a **FELONY** of third degree.

I agree and understand that this application will be made part of the policy when issued.
 I understand this application is not a binder indicated as such on this form by the Brokering Agent.

Insured's Name (Print)	Insured's Title	Insured's Signature
Agent's Name (Print)	Agent's Signature	Date