

# UMBRELLA APPLICATION

## Restaurant

Producer ID \_\_\_\_\_  
 User Name \_\_\_\_\_  
 User Phone # \_\_\_\_\_  
 User e-mail Address \_\_\_\_\_

**1. General Information**

- a. Lead Named Insured \_\_\_\_\_
- b. Address (line 1) \_\_\_\_\_  
 Address (line 2) \_\_\_\_\_  
 City, State, ZIP code \_\_\_\_\_
- c. Employer Identification Number \_\_\_\_\_
- d. Proposed Effective Date \_\_\_\_\_
- e. List Other Named Insureds \_\_\_\_\_
- f. Insured ID \_\_\_\_\_
- g. Submission ID \_\_\_\_\_
- h. SIC Code \_\_\_\_\_
- i. NAIC Code \_\_\_\_\_

**2. Business Operations**

- a. Number of years of management experience: \_\_\_\_\_
- b. Describe operations performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Schedule of Locations and Operations**

Number of Locations: \_\_\_\_\_

Address	City	State	ZIP	Operation Type	Area (sq. ft)
1)					
2)					
3)					
4)					
5)					
6)					
7)					

Additional locations should be listed on an additional sheet of paper and attached to this application

4. Does any insured have any other business interests, operations or locations not listed on this application?  Yes  No

If Yes:

Entity	Business Type	Location
1)		
2)		
3)		
4)		
5)		
Additional business interests, operations or locations should be listed in the comments section of this application		

5. Automobile Exposures

- a. Number of PPT's: \_\_\_\_\_ o None
- b. Commercial Vehicles

	Vehicles/Driving Radius		
	0 – 50	50 – 100	100+
Light Commercial			
Medium Commercial			
Heavy Commercial, excluding truck tractors			
Truck Tractors			

Total Commercial : \_\_\_\_\_

Total Vehicle Count: \_\_\_\_\_

- c. Does the insured have vehicles registered in or employees located in any of the following states?

	Number of Vehicles			Employees
	PPT/Light/Medium	Heavy truck & tractor	Extra heavy truck & tractor	
Florida				
Indiana				
Louisiana				
New Hampshire				
South Dakota				

- d. Has any driver of company vehicles had a DWI or DUI conviction in the past five- (5) years?  Yes  No

- e. How many drivers of company vehicles have had their licenses suspended or revoked in the past five- (5) years? \_\_\_\_\_ o None

Name	License #	State	Violation History Detail
1)			
2)			
3)			
Additional drivers with suspensions or revocations in the last 5 years should be listed in the comments section of this application			

- f. Does the insured provide delivery service?  Yes  No

**If Yes:**

1) Number of owned vehicles	
2) Number of hired vehicles	
3) Number of non-owned vehicles	
4) Number of delivery personnel in autos	
5) Number of delivery personnel in other vehicles	

g. Are there parking facilities with attendants and/or for a fee?  Yes  No

**If Yes:**

Is parking subcontracted to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1) Is there a contract indemnifying the insured and requiring insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Are certificates of insurance secured from the operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**6. Does the insured have any of the following exposures:**

a. Marina?  Yes  No

**If Yes:**

1) Number of berths	
2) Are boats rented to guests by the insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Describe exposure	

b. Security personnel at any location?  Yes  No

**If Yes:**

1) Which location numbers?	_____
2) Number of employed security personnel	_____
3) Are employed security personnel armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Number of contracted security personnel	_____
5) Are contracted security personnel armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Are there contracts with security services indemnifying the insured and requiring liability insurance with limits of at least \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Are certificates of insurance obtained in accordance with the contract provisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Are there guard dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**7. Underlying Insurance Information**

a. Schedule of Underlying

General Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per occurrence  
\$ \_\_\_\_\_ personal/ advertising injury  
\$ \_\_\_\_\_ general aggregate  
\$ \_\_\_\_\_ products/ completed operations aggregate  
Annual Premium \$ \_\_\_\_\_

Automobile Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ Combined Single Limit  
Annual Premium \$ \_\_\_\_\_

D&O – Condo/Co-op Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Employee Benefits Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_  
Annual Premium \$ \_\_\_\_\_

Employers Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ each accident  
\$ \_\_\_\_\_ disease policy limit  
\$ \_\_\_\_\_ disease per employee  
Annual Premium \$ \_\_\_\_\_

Lead Paint Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Liquor Law Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Pesticide/Herbicide Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Professional Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Other Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

b. Are there any 3<sup>rd</sup> party liability policies other than those listed above?  Yes  No

- c. Do any of the underlying policies exclude punitive damages?  Yes  No
- d. Do any of the underlying policies have any modifications that add coverage or manuscript amendments to existing policy language?  Yes  No

**If Yes:**

1) What coverage has been added? _____
2) What modifications have been made to standard policy language? _____ _____

- e. Does the general aggregate limit apply per location/project?  Yes  No

**If Yes:**

1) Number of insured locations	
2) Maximum number of off-premises jobs at any one time	
3) Anticipated number of off-premises jobs in the next 12 months	

**8. Loss Information**

- Are there any individual or policy-year aggregate losses, paid or reserved, for amounts greater than \$100,000 during the last five-(5) full years for all lines other than property?  Yes  No

**If Yes:**

Date of Loss	Paid	Reserved	Type of Loss	Comments
1)				
2)				

Additional business interests, operations or locations should be listed in the comments section of this application

**9. Expiring Umbrella Information**

- Did the applicant carry any umbrella or excess liability coverage during the past policy year?  Yes  No

**If Yes:**

1) Insurer	
2) Limits	\$ _____
3) Premium	\$ _____

**IRF Restaurant Group:**

**1. Revenue Information**

- a. Total Annual Revenue \$ \_\_\_\_\_
- b. Revenue Sources:
  - Food \_\_\_\_\_%
  - Alcoholic Beverages \_\_\_\_\_%
  - Fees \_\_\_\_\_%
  - Other \_\_\_\_\_%
- c. Maximum percent of revenue from the sales of alcoholic beverages at any one location \_\_\_\_\_%

**2. Risk Control**

- a. Do all locations over one story have at least two means of egress from each floor other than an elevator?  Yes  No
- b. Do all locations have emergency lighting?  Yes  No
- c. Are all interior stairwells completely enclosed with noncombustible material and have at least a Class B fire door?  Yes  No
- d. Are any of the insured's operations located in buildings 8 or more stories tall?  Yes  No

**If Yes:**

<u>Location #</u>	<u>Construction Type</u>

Construction Types: F (frame & brick veneer); B (brick and brick joisted); NC (masonry noncombustible); FR (fire resistive)

**e. How many locations have cooking facilities?**

A	B	C	D	E
<u>Master Loc. #</u>	<u>Dry Chemical (ANSUL) System in Kitchen?</u>	<u>Flue/Duct Cleaning Service Used?</u>	<u>How Often?</u>	<u>Automatic fuel shut off</u>

- 3. Do any locations contain a disco, night club or comedy club?**  Yes  No

