

Restaurant Quote Request Form

eHOSPITALITYinsurance.com

(866) 248-0901 Fax: (423) 894-0907

Date your current policy expires: _____

Property Name _____

Business license name: _____

Mailing address: _____

Property address: _____

County: _____ Fire Dept: _____

Years Experience In the Restaurant Business: _____ Years in Business at This Location _____

Contact Person: _____ Phone _____ Fax: _____

E-Mail _____ Federal ID # _____

Property Coverages

Building #1

Building #2

Building Amount _____

Contents Amount _____

Year built: _____

Number of Stories _____

Square Footage _____

Please complete a separate form
for each location.

Wall Construction: Concrete or Block Brick over wood Frame Other _____

Type of Roof: Concrete flat Concrete w/Gable Gable-metal joists Gable-wood joists

Type of Floor: Concrete Floor Wood Floor Other - Describe _____

Updates

Electrical

Plumbing

Roof

Heating and A/C

Exterior

Building Year Updated: _____

Fire Protection Systems:

- Smoke Detectors -Hardwired
- Smoke Detectors - Battery
- Full Sprinkler System
- Partial Sprinkler System
- No Sprinkler System

Kitchen Systems:

- ANSUL System Contract: _____
- Hood Cleaning Contract: _____
- Use Employee Security Guards

Alarm Systems:

- Fire Alarms
- Burglary Alarms
- Local Monitoring
- Central Station Monitoring
- Security Cameras
- Computer Phone System

Distance to Fire Station _____ in Miles

Distance to Fire Hydrant _____ in Feet

Surge Protection Computer Phone System

Surge protection main electrical box: Yes No

Sign Coverage _____

Liability - Annual Revenue:

Food: _____ Alcohol: _____ Catering _____

Workers Compensation: Payroll

Restaurant _____ Clerical _____

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

Business Autos:

Any Company Owned Vehicles? Yes No Used to Carry Customers? Yes No
Year _____ Model _____ # Passengers _____ # Drivers _____

Umbrella Liability:

Present Coverage _____

General Questions:

Basement Yes No Number of Elevators _____

Valet Parking Yes No Firearm on premises Yes No

Type of Safe _____

Restaurant & Lounge Supplement:

Is the lounge leased out? Yes No

Is liquor or beer served on the premises? Yes No Dance Floor? Yes No Sq. Ft. _____

Live Entertainment? Band DJ Karaoke # Game Machines _____ # Pool Tables _____

Present & Prior Insurance Companies

		<u>Package-Property/Liability</u>	<u>Workers Compensation</u>	<u>Company Automobile</u>
Current Year	Company _____	_____	_____	_____
	Policy No. _____	_____	_____	_____
Prior Year 1	Company _____	_____	_____	_____
	Policy No. _____	_____	_____	_____
Prior Year 2	Company _____	_____	_____	_____
	Policy No. _____	_____	_____	_____

To get this info – get the actual **COMPANY NAME** (not the agency) and **POLICY #** from your invoices

Claims Information: Please provide 3 years **LOSS RUNS** or, by signing the follow authorization letter below, we can obtain them for you.

FAX Completed Application to 423-894-0907
or EMAIL to steve@eHOSPITALITYinsurance.com

Date:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

RE: Claims History - Loss Runs:

Package Policy Number:	<input type="text"/>	Company	<input type="text"/>
Work Comp Policy Number:	<input type="text"/>	Company	<input type="text"/>
Automobile Policy Number:	<input type="text"/>	Company	<input type="text"/>

Dear Sir:

We are reviewing our insurance costs. In order to get our official claims history, please fax me the loss runs for my policies for the past three years. I would appreciate your prompt attention to this matter. Please fax to (423) 894-0907.

Sincerely,

Signed

Print Name & Title

Legal Name of Business

Address

Statement of Losses

Three-Year Insurance Claim Information

Please provide a list of any insurance claims or incidents that have occurred during the last three years such as slip and falls, roof damage, fires, and employee injuries.

Date of Claim or Incident	Claim Type	Amount of Claim

I understand that the above information is given as an inducement to obtain insurance coverage. When coverage is placed, I agree to supply loss runs for the prior three years, within sixty days of the effective date of coverage.

Signature/Title: