

Restaurant Application ▪ eHotelinsurance.com ▪ InsuranceXchange

Call Steve Holmes - 1 (866) 248-0901 Local: 894-0901 or Cell: 1 (423) 313-0901

Renewal date _____

Property Name: _____
 Business license name: _____
 Mailing address: _____
 Property address: _____
 County: _____ Fire Dept: _____ Fire rating _____
 Years Experience In The Business: _____ Years In Business At This Location: _____
 Contact person: _____ Phone: _____ Fax: _____
 E-mail address: _____ Federal ID # _____

Property Coverages:

	Bldg #1	Bldg #2	Bldg #3	Bldg #4
Building Amount				
Contents Amount				
Construction type				
Year built				
Number of Stories				
Square Feet				

Building Updates:
When Updated

Electrical	Plumbing	Roof	Heat-A/C	Exterior

Sprinklered: Partially ___ Fully ___ Y N Smoke detectors: Hardwired? Y N Battery? Y N
 Security Cameras? Y N Alarms: Y N Central Station? Y N Fire? Y N Burglary? Y N Local? Y N
 Do You Employ Security Guards: Y N Security Guard Service Used: Y N Certificate Provided: Y N
 Distance to Fire Dept: _____ miles Surge protector: Phone? ___ Computer? ___
 Distance to Fire Hydrant: _____ feet Sign & Satellite coverage \$ _____

Liability - Annual Revenue: **Limits:** _____
 Restaurant: \$ _____ Lounge: \$ _____ Catering: \$ _____

Workers Compensation: Payroll
 Restaurant: \$ _____ Number of employees: Full time _____
 Lounge: \$ _____ Part time _____

Business Auto:
 Any company owned vehicles? Y N
 Year _____ Model _____ # Passengers _____ # Drivers _____

Umbrella Liability:
 Amount Desired \$ _____

Present & Prior Insurance Companies:

	Company	Package – Property/Liability	Workers Comp	Automobile
Current Year	Company			
	Policy number			
Prior Year 1	Company			
	Policy number			
Prior Year 2	Company			
	Policy number			

Claims: Please list any property and liability claims for the past three years.

Claims History/LOSS RUNS: Please sign the authorization letter for your insurance company to release your official claim information.

Three Year Statement of Claims

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	Describe Claim	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: _____

Print Name and Name of Business: _____

Date: _____

Fax Back to Our Office: (423) 894-0907

Fax Back To Our Office: (423) 894-0907

Date: _____

RE: Claims History – Loss Runs:

Package Policy Number: _____

Work Comp Policy Number: _____

Automobile Policy Number: _____

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

Fax Back To Our Office: (423) 894-0907