



IRVING WEBER ASSOCIATES, INC.
• INSURANCE AGENTS, BROKERS & CONSULTANTS •

Restaurant Insurance Quote Request

We would like to provide you with a free, no-obligation quote.
Please provide as much information possible for the most accurate quote.
This information will be kept confidential and will be used for quote purposes only.

Submitting Information

Business Name:

Contact Name:

Title:

Member of NYSRA?

Y

N

Street Address:

City:

State:

ZIP:

County:

Business Phone:

Fax:

Email:

Web Address:

About Your Business

Type of Corporation:

Type of Risk:

Restaurant

Tavern

Fast Food

Bar

Other:

Mortgagee:

Mortgagee Interest:

Additional Insured:

Additional Insured Interest:

Effective Date Req'd:

Premises Information Section

Location Number:

Location Address:

City:

State:

Zip:

Coverages

Property

Building Limit (100%) AC: \$

Contents Limit (100%) Replacement Value: \$

Coverage included on an actual loss sustained basis.

Per Claim Deductible:

Permanently installed restaurant equipment: \$

Liability -----

General Aggregate: \$

Products/Completed Operations Aggregate: \$

Per Occurrence: \$

Fire Damage: \$

Liquor Liability: Yes No

Optional Coverages -----

Glass Money/Secs \$ Limits

Signs \$ Limits Food Spoilage \$ Limit

Other

Rating Information

Construction Type:

Fire/Protection: Sprinkler Smoke Detector Fire Extinguisher

Total Square Footage Occupied:

Square Footage occupied by restaurant:

Food Receipts: \$ Liquor Receipts \$

Avg. dinner entree price per person: \$

Avg. wine cost per bottle: \$ Avg. drink cost: \$

Underwriting Information

Building Information

Year Built # of Stories Free Standing? Y N

Distance to Nearest Fire Hydrant Building Code Violations? Y N

When Rewired Is the roof Pitched Flat?

Electrical in Conduit? Y N Circuit Breakers? Y N

Fuse Box? Y N Plumbing up to Code? Y N

Building Condition Housekeeping

What is Right Exposure?

What is Left Exposure?

What is Rear Exposure?

Other Occupancies

If adjacent business is a restaurant, does it have automatic extinguishing devices? Y N

Is any portion of the building vacant, unoccupied, or seasonal? Y N

(If yes, explain)

Kitchen Information -----

Grease Cooking Y

Is such a system professionally inspected and serviced every 6 months? Y N

Are ducts, hoods, grease filters and surface cooking areas (including deep fat fryers) protected by a U.L. listed automatic fire extinguishing system? Y N

Does the automatic fire extinguishing system meet UL 300 standards? Y N

Exhaust filters are cleaned Deep Fat Fryers

Is there a professional flue and duct cleaning service used on quarterly contract? Y N

By: Phone Number:

Automatic Shut Off ? Y N High Limit Switch? Y N Non-Slip Floors? Y N

Other Kitchen Safety Precautions

Underwriting Information

LIABILITY

Entertainment

Live Entertainment? Y N # of Players

Kind of Music How Many Nights / Week?

Dancing? Y N # of Pool Tables

Disco? Y N # of Game Machines

Underwriting Information

CRIME

Safe Class Type of Locks

Maximum Cash in Register: \$ Check Cashing Y N

Alarm # of Alarms

Motion Detectors/Cameras? Y N How often checked:

Name of Alarm Company Ph#:

Any weapons on premises? Y N If yes, explain:

GENERAL -----

How long at this location?				How long in this type business?			
Operated by Owner?	Y	N		Neighborhood			
# of Employees	full time /		part time	Estimated Annual Payroll			
Hours Open : from	to			# of Days Closed			
How many months open?							
Type of food served on premises							
Any Delivery?	Y	N		Self Service?	Y	N	
Table Service?	Y	N		Flaming Drinks?	Y	N	
Written policy for serving minors/ intoxicated patrons?	Y	N		Happy Hours?	Y	N	
Exits properly marked?	Y	N		Alternate Access?	Y	N	
Parking areas adequately lit/maintained?	Y	N		Security Guards?	Y	N	
Separate cigarette butt containers?	Y	N		Designated Smoking Areas?	Y	N	
Dart Boards?	Y	N		Mechanical Devices?	Y	N	
Ever suffered earthquake damage?	Y	N					
Prior problems requiring police?	Y	N					
<i>If yes, explain:</i>							
Any Liquor Violations?	Y	N					
<i>If yes, explain:</i>							

Loss History

Current / Previous Insurance Company:

Policy Number: _____ Expires: _____ Premium: \$ _____

Has any carrier cancelled or refused insurance to this applicant: Y N

If yes, explain

why:

Please describe any losses during the past three (3) years

Date of Loss:	Amount:	Description of Loss:
	\$	
	\$	
	\$	
	\$	
	\$	

Additional Comments

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough space, please enter them here.

*If your email program does not open after clicking the submit button,
please fax to 866-849-5314 or email to mail@iwains.com*