

National Programs Insurance Agency Corp.

RESTAURANT APPLICATION

GENERAL INFORMATION:

POLICY X-DATE:

Franchise Type: if applicable	
Owner Operator:	
Corporate Name:	
Billing/Mailing Address:	
City, State, Zip:	
Insurance Contact:	
Phone#	
Fax#	
E-mail Address:	
Total # of Locations:	

STORE INFORMATION:

National Store # if applicable	
Location Address:	
City, State, Zip:	
County:	
Hours of Operation:	
Seating Capacity:	
Square Footage: public and total	
Delivery (if applicable) and % of Sales:	
DEDUCTIBLE :	
Total years in business:	
Yrs. At this location:	
Liquor served and % of Sales:	
Playground - Indoor/Outdoor: if applicable	
Drive Thru and % of Sales: if applicable	
Total Sales:	

LOCATION INFORMATION:

Building Value:	
Contents Value:	
Year Built (or renovated):	

CONSTRUCTION:

CIRCLE CORRECT ANSWER:

<input type="checkbox"/>	Frame	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	Non/Combust	<input type="checkbox"/>	Fire Resistive
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TYPE OF BUILDING:

CIRCLE CORRECT ANSWER:

<input type="checkbox"/>	Freestanding	<input type="checkbox"/>	Strip Mall	<input type="checkbox"/>	Shop Mall	<input type="checkbox"/>	Kiosk	<input type="checkbox"/>	Other
<input type="checkbox"/>	Sprinklered	<input type="checkbox"/>	Yes	<input type="checkbox"/>	%	<input type="checkbox"/>	No		

SECURITY SYSTEMS:

CIRCLE CORRECT ANSWER:

<input type="checkbox"/>	Central Station	<input type="checkbox"/>	Local Ringing	<input type="checkbox"/>	Security Cameras	<input type="checkbox"/>	Security Guards	<input type="checkbox"/>	Other:
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Please Provide the Past 4 Years

CLAIMS HISTORY _____

UMBRELLA LIMIT: _____

CURRENT CARRIER: _____

CURRENT PREMIUM: _____

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