

BOP Restaurant Application

*Required Fields

Agent

Agent Email

APPLICANT INFORMATION

CONTACT AND BUSINESS INFORMATION

Applicant Business Name	Doing Business As (Optional)		
Requested Effective Date	Applicant Phone Number		
Applicant Contact Name	Applicant Email		
Business Address	City	State	Zip
Mailing Address (if different than business)	Business Ownership Structure		

UNDERWRITING INFORMATION

Full-time Employees	Part-time Employees	Year Business Started	Average hours open daily	Maximum Occupancy
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Classification Description (Select One)

Quick Service / Commercial Cooking
Full Service / Casual Dining Restaurants
Full Service / Fine Dining Restaurants
Quick Service / Limited Cooking
Wine Bars / No Commercial Cooking

Does the establishment offer any of the following? (Select all that apply)

Happy hour between 8pm-close
Operate between the hours of midnight and 5am
Alcohol service over two hours after food service ends
Alcoholic drink specials under \$4, buy-one-get-one offers, complimentary drinks, or all-you-can-drink specials
Amusement devices or activities (e.g. mechanical bulls, axe throwing, darts...)
Live concerts with 3 or more performers
Door bouncers
Sports activities (e.g. volleyball, boxing, bowling...)
Animals in cooking or dining areas
Hosting special events beyond standard in-house promotions (e.g. street fair, block party)
Dance floor
ATM
Hookah
None of the above

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Underwriting Question		
Does management have at least 3 years' experience in managing foodservice establishments?	Yes	No
Does the business have more than one location?	Yes	No
Has the business filed any claims in the past 3 years?	Yes	No
If "Yes" number of claims:		
If "Yes" did the total incurred value of claims exceed \$50,000?		
Does the establishment use deep fat fryer units	Yes	No
and how many?		
Is the establishment responsible for a parking lot?	Yes	No
Is the establishment cash only?	Yes	No
Does the establishment have stairs used by patrons?	Yes	No
If "Yes" do the following apply:		
- Adequate illumination	Yes	No
- In good repair with no visible torn or frayed carpet, or cracked or broken steps	Yes	No
- Slip-resistant surface	Yes	No
- Sturdy handrail	Yes	No
Is there a playground on the premises?	Yes	No
If "Yes" the following apply to the playground:		
- Equipment securely anchored	Yes	No
- Loose-fill or unitary impact surfacing material	Yes	No
- No protrusions or openings that can entangle something around a child's neck or clothing	Yes	No
- No metal chain swings	Yes	No
- No trampolines	Yes	No
- No spiral slides with over one 360 degree turn	Yes	No
- No equipment that allows children to fall inside the structure and onto other parts of the structure	Yes	No
- No teeter-totters or gliders	Yes	No
Are there any remodeling or renovation projects planned for the applicant's premises during the policy term?	Yes	No
Does the applicant have any of the following exposures? (Select all that apply)		
Own and operate a food truck or food cart		
Operate a temporary food stand at events		
Sublease the insured location as a ghost kitchen at any time		
Operate a virtual brand out of the insured location		
None of the above		

What type of fire alarm is located at the premises? (Select one)			
UL with certificate			
Central station			
Local			
None			
What type of burglar alarm is located at the premises? (Select one)			
Central station	Local	None	
What type of security cameras are located at the premises? (Select one)			
Centrally monitored	Recording only	None	
Are any of the following types of cooking performed? (Select all that apply)			
Solid fuel	Wok	Charbroiling	None
How often are hoods, grease removal devices, fans, and ducts inspected and cleaned by a properly trained and certified technician? (Select one)			
Never			
Annually			
Semi-annually			
Quarterly			
Monthly			
Not applicable (no commercial cooking)			
Does the establishment utilize any of the following third-party delivery services? (Select one)			
Uber Eats, Doordash, etc.			
Robotic delivery			
No third-party delivery			
Does any of the following apply to the business, or any of its officers, owners, or partners (Select all that apply)?			
Been convicted of a felony in the past 5 years			
Declared bankruptcy			
Had business-related lawsuits, mediations, or arbitrations filed against them			
Become aware of any losses, accidents, or circumstances that might give rise to a claim against this policy			
Had their commercial insurance coverage canceled, revoked, or non-renewed in the last 5 years (other than cancellation for non-payment or non-renewal for discontinuation of program) (Not applicable in MO)			
None of the above			

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LIABILITY

General Liability Limits (Select one)

\$500,000 / \$1,000,000

\$1,000,000 / \$2,000,000

\$2,000,000 / \$4,000,000

Gross Annual Sales (\$)

Percent from Catering (%)

Percent from Alcohol (%)

Liquor Liability Limits (Select one)

No coverage

\$100,000 / \$100,000

\$300,000 / \$300,000

\$500,000 / \$500,000

\$1,000,000 / \$1,000,000

Hired and Non-Owned Auto Limit (Select one)

No coverage

\$500,000

\$1,000,000

Hired and Non-Owned Auto Acknowledgement

Hired and non-owned autos will not be used for delivery of individual orders or catering.

Yes

No

PROPERTY

Construction Type

Frame

Joisted Masonry

Non-Combustible

Masonry Non-Combustible

Modified Fire Resistive

Fire Resistive

Roof Type

Shingle

Membrane

Metal

Tar and Gravel

Tile

Wood Shake

Property Coverages (\$)

Building Limit

 Tenant's Improvements and Betterments Limit
 Included in Business Personal Property Limit

Business Personal Property Limit (\$)

Property Deductible

\$500

\$1,000

\$2,500

\$5,000

\$10,000

\$25,000

Is the establishment in any of the following?

 Attached to habitational structure (apartments, condos)
 If "Yes" do any of the following below also apply:

Single unit used by the owner or general manager

Restaurant spaced separated by a fire wall from all habitational units rated for 2 hours (non-sprinklered) or 1 hour (sprinklered)

Stand alone building

Strip shopping center

Enclosed mall

None of the above

Sprinkler?

Yes

No

 Total Area of building or unit
 occupied by applicant (SQFT):

Year Built

Latest Roof Update

Latest Plumbing Update

Latest Electrical Update

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ADDITIONAL COVERAGES

Would you like to customize or add any additional coverages?

Premier Package (if "No" Primary will be included)	Yes	No
Equipment Breakdown (Included in Premier)	Yes	No
Food Spoilage (\$2,500 Primary / \$25,000 Premier)	Yes	No
Limit (\$100,000 max):		
Back Up of Sewers and Drains (\$5,000 Premier)	Yes	No
Limit (\$50,000 max):		
Outdoor Signs (\$10,000 Premier)	Yes	No
Limit (\$50,000 max):		
Fine Arts	Yes	No
Limit (\$50,000 max):		

Additional Discounts (Check all applicable)

Business maintains a formal employee training program and employee handbook

Business's full-time employee turnover was less than 50% over the past 12 months

The business maintains a formal preventative maintenance program

The business maintains a formal food safety program with a designated food safety manager certified by an ANAB-CFP accredited program or equivalent

Business maintain a public Google Business Profile or Yelp My Business page

Is the business part of a franchise? (If "Yes" please list below):

Please list any restaurant associations the applicant belongs to below:

SIGNATURE

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application and represents that the answers are true, correct, and complete to the best of their knowledge.

 Producer Signature

 Producer Name

 Date

 Applicant Signature

 Applicant Signature

 Date