



Brown & Brown of California
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PIZZA PROGRAM APPLICATION
IMPORTANT! ALL QUESTIONS MUST BE COMPLETED TO QUOTE COVERAGE.

Sub-Broker Name: _____ Brown&Brown Affiliate? Yes No

Business Name: _____

FEIN#: _____ Entity (Corp, Indiv, LLT, etc.): _____

Contact Name: _____ Desired Effective Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Years in business: _____ Years Experience: _____

Total Annual Sales: _____ Total Annual Payroll: _____

Liquor Sales: _____ Beer/Wine Only: _____

Currently Insured? Yes No Company: _____

Expiration Date: _____ Annual Premium: _____

Losses in Past 5 Years : Yes No (if yes attach details).

- Describe other operations or separate corporations under this business name: _____
- Do you own any other businesses? If so, please name and describe: _____
- Do you request & maintain on file certificates of insurance from all subcontractors (e.g., Ansul, building repair, etc.), requiring at least \$1,000,000 general liability and appropriate Workers Compensation coverage? Yes No

During the past 3 years, has any coverage been cancelled, non-renewed, declined or placed in non-standard markets? Yes No

LOCATION INFORMATION

(COMPLETE THIS SECTION FOR EACH LOCATION) ♦ IMPORTANT! ALL QUESTIONS MUST BE COMPLETED TO QUOTE COVERAGE.

Location Address: _____

City: _____ State: _____ Zip: _____

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

Building Limit:* _____ Contents Limit: _____

*If you own the building

Building Construction (Frame, Metal, etc.): _____ Year Built: _____

If Building 15+ Years Old, Year Updated _____ Roof: _____ Wiring: _____

Heating: _____ Plumbing: _____

Total Square Footage of Building: _____ Square Feet You Occupy: _____

75% Sprinklered? Yes No Alarmed: Yes No Stories: Yes No

Any dancing or entertainment? Yes No

If yes, describe: _____

Surrounding Buildings/Other Tenants: _____

Landlord/Mortgage/Loss Payee Name and Address: _____

Roof Type: _____

Do you have any open grill or deep fryer cooking? Yes No

A. Do you use vegetable oil as your cooking ingredient? Yes No

B. Do you have a fire suppression system above the cooking surface? Yes No

C. If you are using vegetable oil as the cooking ingredient, is the fire suppression

System UL 300 compliant? Yes No

D. What percentage of total sales from Grilling and/or Frying? _____

Is cooking and fire suppression equipment properly serviced with certificate on file? Yes No

How often do you service the automatic extinguishing system by an outside firm? _____

How often are the hood & duct filters cleaned by outside firm? _____

How often are the exhaust hood and & duct filters are cleaned by staff? _____

Do you have a maintenance agreement on any of your equipment? Yes No

Do you provide catering services (excluding pizza delivery)? Yes No

If yes, please specify: How often? _____ What type? _____

Do you sponsor any sporting or social events? Yes No

If yes, please provide details: _____

AUTHORIZATION:

I/We understand that no liability is created or assumed by the insurance company until and unless the policy applied for has been issued.

I/We understand that this application is not the policy and in no way supplements, augments, or changes any of the language of the policy.

For specific coverage information, please refer to your policy contract.

I/We affirm that the information contained herein is true to the best of my/our knowledge and that it shall be the basis for which this policy issued. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

Print Name: _____

Signature: _____ Date: _____

CALSURANCE PIZZA INSURANCE PROGRAM EMPLOYEE OWNED AUTO DELIVERY APPLICATION

THIS PROGRAM IS NOT AVAILABLE TO RESTAURANTS THAT USE INDEPENDENT CONTRACTORS FOR DELIVERY UNLESS THEY CAN PROVIDE PROOF OF COMMERCIAL DELIVERY INSURANCE NAMING YOU AS ADDITIONAL INSURED.

Program Auto Requirements:

1. Drivers must be at least 18 years of age and have been licensed for at least two years.
2. Drivers have up to two minor moving violations or one accident and one minor moving violation during the past 36 months.
3. All drivers **MUST** be approved by CalSurance **BEFORE** being allowed to drive on your behalf (approvals are usually on a "same day" basis.)
4. Driver information is required to be updated every six (6) months.

DELIVERY SUPPLEMENTAL QUESTIONNAIRE

Do you have a "30 Minute Guarantee" or similar? (Describe) _____

Do you use any bicycles, mopeds or motor scooters for delivery? (Describe) _____

Do you ever use company-owned autos for delivery? _____

Hours of Delivery: _____ # of Drivers per shift: _____

Do you own any automobiles? Yes No If yes, where are they insured? _____

SALES HISTORY

	Last Year	Previous Year	Next Previous Year
Date of Fiscal Year End			
Annual Sales			
Delivery Payroll			

Attach copy of currently valued loss runs for the last three years.

By signing this application, I am attesting to the accuracy of the information provided in this application. If any information in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the insurance policy is rescinded.

Applicant hereby conveys with the insurers that the foregoing statements are true exposition of all facts with regard to the risk to be insured and the same as hereby made the basis and conditions of this insurance.

Your Name (Please Print): _____

Signature of Insured: _____ Date: _____