



FARMERS BUSINESS INSURANCE

Prospect Name: _____

Renewal Date: _____

Quote for Restaurant

Business Information

Business Name: _____

First Insured Last Name: _____ First Insured First Name: _____

Business Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Web Address: _____ FEIN: _____ SIC Code: _____

Business Entity: [] Individual* [] Partnership [] Corporation [] LLC [] Joint Venture [] Association [] Other

*Are there Personal Lines Policies insured with Farmers? (Yes / No) Household #: _____

Are there other Commercial Policies insured with Farmers? (Yes / No)

In what year did the business start operations? _____

Is this an established business with previous Insurance? (Yes / No)

Does applicant own any business auto? (Yes / No)

Is Non-Owned Auto Liability desired? (Yes / No)

Is Hired/Borrowed Auto Liability desired? (Yes / No)*

* This does not include Hired Car Physical damage.

Does the insured employ or hire security guards at any location? (Yes / No)

How many Additional Interests (Mortgagees / Loss Payees / Additional Insured) are Required? _____

Prior Carrier Information (Additional Information can be placed in Notes Section)

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____



FARMERS
BUSINESS INSURANCE

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Has the applicant had any Business Insurance Policy cancelled in the last 3 years? (Yes* / No)

*Why?: _____

(Please collect up to 5 years of Loss Runs)

Policy Details

Number of Locations: _____ Number of Buildings: _____

Risk Type: Fast Food* Casual Dining* Fine Dining* Restaurants - No Cooking/ No Frying

Building Amount: _____ Contents Amount: _____ Liability Limit: _____

Location Deductible: _____ Wind / Hail Deductible: _____ (W/H States Only - TX, MN, SD, NE, & CO)

Franchise: (Yes / No) Total Receipts: _____ Catering Receipts: _____

Liquor Receipts: _____ *Last Years Liquor Receipts: _____ *License Number: _____

*How many employees are certified in Liquor training? _____

*Are all employees who server alcohol given alcohol service training? (Yes / No)

*Is a written policy covering alcohol service guidelines made available to all employees? (Yes / No)

*Are all alcohol-related incidents documented? (Yes / No)



FARMERS
BUSINESS INSURANCE

Year Built: _____

Construction:

Frame Masonry Non-Combustible Masonry Non-Combustible Modified Fire Resistive Fire Resistive

Roof Type:

Shake Tile Composite Flat-Rubber Flat-Thermoplastic Built-up Bitumen
 Built-up Modified Bitumen Built-up Tar-Gravel None

What is the number of Employees: _____ Number of Stories: _____ Fire Sprinkler System: (Yes / No)

Total Building Sq Footage: _____ Public Sq Footage: _____

Banquet Facility Sq Footage: _____ What is the Seating Capacity of Rest: _____

Are deep fat fryers used: (*Yes / No)

*Do all deep fat fryers have working automatic high temperature shut-off switches? (Yes / No)

*Identify the type of the Extinguishing system that covers hoods, ducts and all cooking equipment:

Dry Chemical Wet Foam Water Spray Other

*Is any table-side service provided which involved open flames? (Yes / No)

*How often is the automatic fire extinguishing system inspected and serviced by a contracted outside firm:

Monthly Quarterly Semi-Annual Annual Never

*How often are flues and ducts inspected and cleaned by a contracted outside firm:

Monthly Quarterly Semi-Annual Annual Never

*How often are cooking equipment exhaust filters cleaned?

Daily Weekly Two Times a Month Monthly Never

Are raw oysters served? (Yes / No)

Additional Questions

Building Improvements / Renovations at this Location:

Wiring Year: _____ Roofing Year: _____ Plumbing Year: _____ Heating Year: _____

When did this business start operation at this location: (mm/dd/year) _____

Is the applicant responsible for the parking lot: (Yes / No)

Where is the business located: Stand Alone Building Strip Shopping Center Enclosed Mall

Attached to a Habitational structure



Indicated the type of alarm at this location: None Local Central Station UL with Certificate

Does the risk have a drive through: (Yes / No)

Hours of operation this business is open to the public: Open _____ Close _____

Types of Entertainment and game exposures at this location: None

DJ Band Karaoke Special Events Video Games Pinball Machines Pool Tables

Dart Boards Two or More TVs Gaming Tables Dance Floor

Building Cost Estimator

Building Shape: Slight irreg/rectangular Approx Square Irregular Very Irregular

Ground Area (Square Footage): _____ Number of Buildings: _____

Quality Construction: (Average Quality / Custom Quality) _____ Number of Basement Levels: _____

Basement Area %: _____ Crawlspace Area %: _____ Grade Slab Area %: _____

Permanently Installed Machinery: _____ Fire Suppression Equip: _____

Refrigeration Appliances: _____ Ventilation Equip: _____ Cooking Appliance: _____

Dishwashing Appliances: _____ Laundering Equipment: _____

Auto Details

Are there any vehicles leased to others? (Yes / No)

Is there hazardous cargo or hauling of goods, materials, or commodities that require Department of Transportation signs or lettering? (Yes / No)

Are there any hold harmless agreements required? (Yes / No)

Are there courtesy vehicles? (Yes / No)

Are there Public Transportation Exposures – other than Courtesy vehicles? (Yes / No)

Are there specialty uses or is there sponsoring of Special Events? (Yes / No)

Are there any oversized, overweight or unstable loads? (Yes / No)

Are any vehicles used for the following? None Garbage and Recycling Door to Door Sales

Residential Mail / Newspaper delivery Residential package delivery Ice Cream Vendors

Are there high-valued goods, including merchandize subject to theft? (Yes / No)

Are there any vehicles that have Permanently Mounted Special Equipment? (Yes / No)

Are there any vehicles that have been customized, altered, or that have Special Equipment? (Yes / No)



Description of Business Operations: _____

Driver Information

- 1.) First Name: _____ Last Name: _____ DOB: __/__/____
Drivers License Number: _____ State of License: _____ International License: (Yes / No)
2.) First Name: _____ Last Name: _____ DOB: __/__/____
Drivers License Number: _____ State of License: _____ International License: (Yes / No)
3.) First Name: _____ Last Name: _____ DOB: __/__/____
Drivers License Number: _____ State of License: _____ International License: (Yes / No)
4.) First Name: _____ Last Name: _____ DOB: __/__/____
Drivers License Number: _____ State of License: _____ International License: (Yes / No)
5.) First Name: _____ Last Name: _____ DOB: __/__/____
Drivers License Number: _____ State of License: _____ International License: (Yes / No)

Vehicle Information (*Required for Medium to Heavy Truck)

1.) Make: _____ Model: _____ Year: _____ Body Type: _____
Vehicle Type: _____ VIN: _____ Radius: _____
Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)
Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)
Use: (Service / Retail / Commercial)

- *Secondary use: [] Contractor (other than Dump Trucks) [] Farmers [] Dump and Transsit Mix Truck and trlrs
[] Food Delivery [] Logging and Lumbering [] Specialized Delivery [] Truckers [] Waste Disposal
[] Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)



FARMERS
BUSINESS INSURANCE

2.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

3.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

4.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)



FARMERS
BUSINESS INSURANCE

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

5.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

Other Policy Lines:

Workers Compensation	Company: _____	X-Date: ___ / ___ / ___
Umbrella	Company: _____	X-Date: ___ / ___ / ___
Employment Practices	Company: _____	X-Date: ___ / ___ / ___
Pollution Liability	Company: _____	X-Date: ___ / ___ / ___
Business Life	Company: _____	X-Date: ___ / ___ / ___
Personal Lines	Company: _____	X-Date: ___ / ___ / ___



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BUSINESS INSURANCE

Notes:
