

# Restaurant BOP Application

## Agent Information

<b>Agency Name</b>	<b>Agency Contact Name</b>
<b>Agency Contact Email</b>	<b>Agency Address</b>

## Basic Information

<b>Applicant Business Name</b>	<b>Doing Business As (Optional)</b>

<b>Requested Effective Date:</b>	
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## Contact and Business Information

<b>Applicant Contact Name</b>	<b>Applicant Email</b>
<b>Applicant Phone Number</b>	<b>Business Address</b>
<b>Business Ownership Structure</b>	<b>Mailing Address (if different than business)</b>

# Underwriting Information

Full-time Employees	Part-time Employees
Year Business Started	Average hours open daily
Maximum Occupancy	

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	
Brew Pubs / Commercial Cooking	

Does the establishment offer any of the following? (Select all that apply)	
Happy hour between 8pm-close	
Serves alcohol and operates between the hours of midnight and 5am	
Alcohol service over two hours after food service ends	
Alcoholic drink specials under \$4 (other than standard cans or bottles of beer)	
Complimentary alcoholic drinks, buy-one-get one offers, or all-you-can-drink specials	
Hazardous amusement devices or activities (e.g. mechanical bulls, axe throwing, darts...)	
Live concerts with 3 or more performers with a dance floor or area	
Door bouncers (beyond a single ID checker)	
Sports activities (e.g. volleyball, boxing, bowling...)	
Hosting special events beyond standard in-house promotions (e.g. street fair, block party)	
Dance floor	
ATM	
Hookah	
Hazardous amusement devices or activities (e.g. mechanical bulls, axe throwing, darts...)	
Flaming food or beverages	
<b>None of the above</b>	

Underwriting Question	Yes	No
Does management have at least 3 years' experience in managing foodservice establishments?		
Does the business have more than one location?		
Has the business filed any claims in the past 3 years?		
If "Yes" number of claims:		
If "Yes" did the total incurred value of claims exceed \$50,000?		
Does the establishment have more than 6 deep fat fryer units?		
Is the establishment responsible for a parking lot?		
Is the establishment cash only?		
Does the establishment have stairs used by patrons?		
If "Yes" do the following apply: <ul style="list-style-type: none"> <li>- Adequate illumination</li> <li>- In good repair with no visible torn or frayed carpet, or cracked or broken steps</li> <li>- Slip-resistant surface</li> <li>- Sturdy handrail</li> </ul>		
Is there a playground on the premises?		
If "Yes" the following apply to the playground: <ul style="list-style-type: none"> <li>- Equipment securely anchored</li> <li>- Loose-fill or unitary impact surfacing material</li> <li>- No protrusions or openings that can entangle something around a child's neck or clothing</li> <li>- No metal chain swings</li> <li>- No trampolines</li> <li>- No spiral slides with over one 360 degree turn</li> <li>- No equipment that allows children to fall inside the structure and onto other parts of the structure</li> <li>- No teeter-totters or gliders</li> </ul>		
Are there any remodeling or renovation projects planned for the applicant's premises during the policy term?		
If "Yes" do all of the following apply to the remodeling or renovation work? <ul style="list-style-type: none"> <li>- No work that affects the structural integrity of the building</li> <li>- All fire protection systems must remain operational e.g. central station fire alarm and sprinkler systems</li> <li>- Work should be completed in a maximum of 90 days</li> <li>- Signed contract with indemnification clause in favor of insured</li> <li>- General contractor must provide evidence of: general liability per occurrence limit of at least \$1M, additional insured status for the applicant, workers' compensation insurance, and all required licenses in place</li> </ul>		

<b>Does the applicant have any of the following exposures? (Select all that apply)</b>	
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	
<b>None of the above</b>	

<b>What type of fire alarm is located at the premises? (Select one)</b>	
UL with certificate	
Central station	
Local	
None	

<b>What type of burglar alarm is located at the premises? (Select one)</b>	
Central station	
Local	
None	

<b>What type of security cameras are located at the premises? (Select one)</b>	
Centrally monitored	
Recording only	
None	

<b>Are any of the following types of cooking performed? (Select all that apply)</b>	
Solid fuel	
Wok	
Charbroiling	
None of the above	

<b>How often are hoods, grease removal devices, fans, and ducts inspected and cleaned by a properly trained and certified technician? (Select one)</b>	
Never	
Annually	
Semi-annually	
Quarterly	
Monthly	
Not applicable (no commercial cooking)	

<b>Does the establishment utilize any of the following third-party delivery services? (Select one)</b>	
Uber Eats, Doordash, etc.	
Robotic delivery	
No third-party delivery	

<b>Does any of the following apply to the business, or any of its officers, owners, or partners (Select all that apply)?</b>	
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	

# 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	Yes	No
Hired and non-owned autos will not be used for delivery of individual orders or catering.		

# Property

Construction Type		Roof Type	
Frame		Shingle	
Joisted Masonry		Membrane	
Non-Combustible		Metal	
Masonry Non-Combustible		Tar and Gravel	
Modified Fire Resistive		Tile	
Fire Resistive		Wood Shake	

Building Information	Yes	No
Sprinkler?		
Total Area of building or unit occupied by applicant (SQFT):		

Year Built	Latest Roof Update
Latest Plumbing Update	Latest Electrical Update

Property Coverages	
Building Limit	
Tenant's Improvements and Betterments Limit	
Business Personal Property Limit	

Property Deductible		Wind/Hail Deductible	
\$500		No separate deductible	
\$1,000		1%	
\$2,500		2%	
\$5,000		5%	
\$10,000		No coverage	
\$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	

## New Venture Supplemental Information

Please provide a brief narrative of the business concept, and any other information that will help us confirm eligibility.	
Please provide a link to the venture's website. If the venture does not have a website, please provide links to any social media presence, if any.	
Latest hour open on any day of the week	Actual or Expected Opening Date



## Claims History Details

Claim 1	
Date of Loss	
Total Incurred	
Claim Status (O/C)	
Brief Description	

Claim 2	
Date of Loss	
Total Incurred	
Claim Status (O/C)	
Brief Description	

Claim 3	
Date of Loss	
Total Incurred	
Claim Status (O/C)	
Brief Description	

Claim 4	
Date of Loss	
Total Incurred	
Claim Status (O/C)	
Brief Description	

## Additional Coverages

Would you like to customize or add any additional coverages?	Yes	No
Premier Package (if "No" Primary will be included)		
Equipment Breakdown (Included in Premier)		
Food Spoilage (\$2,500 Primary / \$25,000 Premier)		
Limit (\$100,000 max):		
Back Up of Sewers and Drains (\$5,000 Premier)		
Limit (\$50,000 max):		
Outdoor Signs (\$10,000 Premier)		
Limit (\$50,000 max):		
Fine Arts		
Limit (\$50,000 max):		

Outdoor Fences and Walls Limit (\$5,000 Premier)	
No Coverage	
\$5,000	
\$10,000	
\$25,000	
\$50,000	

Wine Collection Increased Limits (Not available Primary / \$10,000 Premier)	
No Coverage	
\$10,000	
\$25,000	
\$50,000	

Employee Dishonesty (\$1,000 Primary / \$10,000 Premier)			
Limit		Deductible	
No Coverage			
\$2,500		\$500	
\$5,000		\$1,000	
\$10,000		\$2,500	
\$25,000		\$5,000	
\$50,000			
\$75,000			
\$100,000			

Employee Benefits Liability Limits	
No coverage	
\$500,000 / \$500,000	
\$1,000,000 / \$1,000,000	

Food Borne Illness - Business Interruption	
Limit	
No coverage	
\$25,000	
\$50,000	
\$75,000	
\$100,000	

Business Income from Dependent Properties					
Contributing Locations Limit		Recipient Locations Limit		Leader Locations Limit	
No Coverage		No Coverage		No Coverage	
\$25,000		\$25,000		\$25,000	
\$50,000		\$50,000		\$50,000	
\$75,000		\$75,000		\$75,000	
\$100,000		\$100,000		\$100,000	

Contamination Shutdown (\$10,000 Premier)	
Limit	
No coverage	
\$10,000	
\$25,000	
\$50,000	
\$100,000	

Utility Services Time Element Limit (\$10,000 Premier)		
No Coverage		
\$10,000		
\$25,000		
\$50,000		
	Yes	No
Included overhead transmission lines?		

Cyber Suite Coverage		
No Coverage		
Limit	Deductible	
\$50,000	\$1,000	
\$100,000	\$1,000	
\$250,000	\$2,500	
\$500,000*	\$10,000	
\$1,000,000*	\$10,000	

Cyber Suite Increased Limits Questionnaire*	Yes	No
Has the applicant, at any time during the past 36 months, experienced a cyber incident (hacking, intrusion, malware infection, fraud loss, breach of personal information, extortion, etc.) that cost more than \$10,000 or experienced a lawsuit or other formal dispute (with either a private party or government agency) arising from a cyber incident?		
Does the applicant use up-to-date anti-virus and anti-malware protection on all of their endpoints (desktops, laptops, servers, etc.)?		
Are all of the applicant's internet access points secured by firewalls?		
Does the applicant restrict employees' and external users' IT systems privileges and access to personal information on a business-need-to-know basis?		
Does the applicant perform backups of business critical data on at least a weekly basis?		
Does the applicant encrypt all of their mobile devices (laptops, flash drives, mobile phones, etc.) and confidential data?		

Employment Practices Liability		
Required: there have been <b>NO</b> prior employment-related practices claims or any situation that may give rise to one.		
Limit	Deductible	
No Coverage	N/A	
\$50,000	\$2,500	
\$50,000	\$5,000	
\$100,000	\$2,500	
\$100,000	\$5,000	
\$250,000	\$2,500	
\$250,000	\$5,000	
\$500,000	\$10,000	
\$500,000	\$25,000	
\$1,000,000	\$10,000	
\$1,000,000	\$25,000	

Tenant's Liability (\$75,000 Primary / \$250,000 Premier)	
No increase in limits	
\$500,000	
\$1,000,000	

## Discounts and Payment Plan

<b>Please list any restaurant associations the applicant belongs to below:</b>

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):	

Payment Plan	
Monthly installments	
Pay in full	

## 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.

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Producer Signature

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Producer Name

Date \_\_\_\_\_

Applicant Signature

Applicant Name

Date \_\_\_\_\_