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PIZZA/DELI INSURANCE NEW LOCATION APPLICATION

(for use when adding an additional location to an existing policy)

IMPORTANT! ALL QUESTIONS MUST BE COMPLETED TO QUOTE COVERAGE.

A. GENERAL

Named Insured: _____

DBA: _____

Effective Date of New Location: _____

Total Annual Sales: _____ Delivery Sales: _____

Liquor Sales: _____

**COMPLETE THIS PAGE FOR EACH LOCATION.
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B. LOCATION INFORMATION

Location Address: _____

City: _____ State: _____ Zip: _____

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

Building Limit (if you own the building): _____ Contents Limit: _____

(If you lease and are responsible for providing building insurance, please attach a copy of the lease.)

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

Type of Building: Strip Mall Free Standing Other Roof Type: _____

If Building is 15+ Years Old, Year Updated: Wiring: _____ Roofing: _____ Plumbing: _____ Heating: _____

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

75% Sprinklered? Yes No Alarmed: Yes No

If Yes: **A:** Fire Burglary Both **B:** Central Local

Any dancing or entertainment? Yes No If yes, describe: _____

Hours of Operations: _____

Surrounding Buildings/Other Tenants: _____

What is located to the RIGHT: _____ LEFT: _____ REAR: _____ of the building?

Landlord/Mortgage/Loss Payee Name & Address: _____

C. FOOD/SERVICE

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

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

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

3. If you are using vegetable oil as the cooking ingredient, is the fire suppression System UL 300 compliant? Yes No

4. 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 exhaust hood and duct filters 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:

1. How often? _____

2. What type? _____

3. Do you sponsor any sporting or social events? Yes No If yes, please provide details: _____

IMPORTANT! ALL QUESTIONS MUST BE COMPLETED TO QUOTE COVERAGE.

D. ADDITIONAL COVERAGES REQUESTED

Specify total replacement cost value for signs (within 1000'), stock, furniture, and fixtures. Plus, if renting, include tenant's improvements and betterments (excluding permanently installed restaurant equipment). \$ _____

Sign Coverage: (If you have a sign located more than 1,000' from premises, specify limit desired.) \$ _____

Computer Coverage: (\$15,000 included) is higher limit desired? Yes No \$ _____

Glass Coverage: (Tenant—only if you are responsible for glass coverage) Yes No \$ _____

Liquor Legal Liability — Beer & Wine Only (No Takeout; Coverage Excluded in Minnesota)

If coverage is desired, specify annual liquor receipts at this location \$ _____

Specify type and frequency of server training provided to employees for alcohol service: (example: State Police 2x year):

Employee Benefit Liability (\$1 million limit):

Owned Auto:

Non-Owned Auto:

Payment Card Security Coverage:

E. ADDITIONAL INFORMATION REQUIRED

Are there standardized hiring practices, including checking Motor Vehicle Records (MVRs) and criminal records before hiring?

How often does the customer have regular safety meetings with employees?

Are hoods and ducts cleaned professionally by an outside firm on a regular basis?

Does the insured sell directly imported goods?

Does the insured have a best practices security protection program (set alarms, lock all dead bolt locks, excess cash placed in a class B or better safe, etc.)?

Is the owner on the premises 75% or more during business hours?

Is there surge protection on equipment?

Is the building designed for the occupancy?

Does the business owner require contractors to have \$1,000,000 in liability coverage and name the business owner as an additional insured on their policy?

F. 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 is issued. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

Print Name: _____

Signature: _____ Date: _____