



AFC Insurance Inc.  
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**PIZZA PROGRAM APPLICATION**

**IMPORTANT! ALL QUESTIONS MUST BE COMPLETED TO QUOTE COVERAGE.**

**A. GENERAL**

Sub-Broker Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 FEIN#: \_\_\_\_\_ Entity (Corp, Indiv, LLC, etc.): \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
 Total Annual Sales: \_\_\_\_\_ Total Annual Payroll: \_\_\_\_\_

**B. COVERAGE REQUESTED**

Property Deductible Requested:  \$1,000  \$2,500  \$5,000  
 General Limit of Liability Requested:  \$1,000,000 occ/\$2,000,000 agg  \$2,000,000 occ/\$4,000,000 agg

**C. PRIOR INSURANCE CARRIERS & LOSS EXPERIENCE**

Currently Insured? \_\_\_\_\_ Company: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Annual Premium: \_\_\_\_\_  
 Losses in Past 5 Years?  Yes  No (If yes, attach details.)  
 During the past 3 years, has any coverage been cancelled, non-renewed, declined or placed in non-standard markets?  
 Yes  No

**D. OPERATIONS**

Describe other operations or separate corporations under this business name: \_\_\_\_\_  
 Do you own any other business? 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

**COMPLETE THIS PAGE FOR EACH LOCATION.  
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**E. 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: \_\_\_\_\_

Surrounding Buildings/Other Tenants: \_\_\_\_\_

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

Landlord/Mortgage/Loss Payee Name & Address: \_\_\_\_\_

**F. 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: \_\_\_\_\_

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**G. 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 (except Minnesota):

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

What is served?  Beer & Wine  Full Service Bar

If Full Service Bar specify hours of operation: \_\_\_\_\_

If Full Service Bar, is alcohol served past dining hours? Yes  No

Specify type and frequency of training provided to employees: (example: State Police 2x year) \_\_\_\_\_

Employee Benefit Liability (\$1 million limit):  Yes  No

Employment Practices Liability (Electronic Employee Handbook Required):  Yes  No

Excess:  Yes  No

Owned Auto:  Yes  No

Non-Owned Auto:  Yes  No

Payment Card Security Coverage:  Yes  No

**H. 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: \_\_\_\_\_