

PACKAGE INSURANCE APPLICATION

KAH Insurance Brokerage, Inc.

510 Broadhollow Road ♦ Suite 210 ♦ Melville ♦ NY 11747
Phone (631) 271-1721 ♦ Fax (631) 271-1723 ♦ Email: info@kahinsurance.com

Owner Operator Name: _____ Effective Date: _____

Named Insured: _____ Year Business Established: _____

Office Address: _____

City: _____ State: _____ Zip: _____ Region: _____

Telephone: _____ Fax: _____ Email: _____

Contact Name: _____ Claims Contact & Email: _____

Primary FEIN: _____ Individual Corporation Partnership LLC Other

Total Stores: _____ # Freestanding: _____ # Satellites: _____ # Offices: _____ # Warehouses: _____

Current Package Insurer: _____ Current Package Premium: \$ _____

DEDUCTIBLE OPTIONS FOR QUOTE: General policy deductible is \$2500, unless indicated. Please check if another deductible option is requested. \$5,000 \$10,000 \$25,000

Food Delivery Do you deliver to customers? Yes No
If you deliver food to your customers, please answer the following questions:
How is your food delivered? On foot Bicycle Auto
If by auto, do you provide the vehicle? Yes No
Are your delivery people your employees? Yes No

Alcoholic Beverages - If one of your stores is involved in events with alcohol, please answer the following questions.

Describe the event(s) _____ Who serves the alcohol? _____

What measures are taken to prevent minors from consuming alcohol? _____

Sports Teams and Special Events - Do you sponsor any adult sports teams? Yes No

If yes, describe _____

Do you participate in any Special Events throughout the year? Yes No

If yes, describe _____

Owner Operator Signature _____ Date _____

Please attach: Current Year + 4yrs of Currently Valued Loss Runs
Fax ♦ Email to: (631) 271-1723 ♦ info@kahinsurance.com

NON-STORE INFORMATION

Additional Interests: (List mortgagees, additional insureds, and loss payees to be named on policy)

Name	Street Address	City	State	Zip
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Attach an additional sheet if necessary.

Office/Warehouse Locations (not located in a store)

Street Address: _____

City: _____ State: _____ Zip _____ County _____

Do you own these premises? Yes No

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

Insured Building Value: \$ _____

Insured Contents Value: \$ _____ Square Footage: _____

Street Address: _____

City: _____ State: _____ Zip _____ County _____

Do you own these premises? Yes No

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

Insured Building Value: \$ _____

Insured Contents Value: \$ _____ Square Footage: _____

Street Address: _____

City: _____ State: _____ Zip _____ County _____

Do you own these premises? Yes No

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

Insured Building Value: \$ _____

Insured Contents Value: \$ _____ Square Footage: _____

Street Address: _____

City: _____ State: _____ Zip _____ County _____

Do you own these premises? Yes No

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

Insured Building Value: \$ _____

Insured Contents Value: \$ _____ Square Footage: _____

STORE INFORMATION

Please make copies as necessary for each store.

Store Number: _____ Federal ID Number (FEIN): _____

Store/Corporate Name: _____ County: _____

Store Address: _____ City: _____ State: _____ Zip: _____

1. Year store was built: _____ Year store was renovated: _____
Square footage: _____ Number of parking spaces: _____
Seating capacity: _____ Number of stories in restaurant open to the public: _____

2. The hood/duct systems have been cleaned over the fryers within the last six months? (**attach invoice**) Yes No

3. The hood/duct systems have been cleaned over the grills within the last three months? (**attach invoice**) Yes No

4. The ANSUL system has been serviced/inspected by a qualified company within the last six months? (**attach invoice**) Yes No

5. The ANSUL system is a liquid R102 fire suppression system? Yes No

6. Store type: Freestanding Mall Oil Alliance Food Court In-store
 Strip Center Airport Wal-Mart Storefront Satellite Other _____

7. If you have a store that is not freestanding (e.g. In-store, Storefront, Mall, Food Court, Satellite), are you responsible for insurance on the building? Yes No

8. Construction Type: Frame Masonry Non-Combustible
 Joisted Masonry Modified Fire Resistive Fire Resistive

9. ATM at the store location? Yes No
If yes, then do you own? Yes No

10. Playland? Yes No
If yes, is it "Softplay"? Yes No
If yes, then Interior Exterior

11. Security guards? Yes No
If yes, then armed? Yes No

12. Open 24 hours? Yes No
If yes, is the store limited to "Drive-thru-only" between 11pm and 5am? Yes No

13. Is your store within 1/2 mile of an Ocean, Gulf, Lake, River or Bay? Yes No

14. Outdoor Signs (over 1,000 ft away from the store): Yes No If Yes, sign(s) Value: \$ _____

15. Fully sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. In-store office? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. No-skid floor? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Burglar alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Bathrooms locked? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Alcoholic beverages sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Formal safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Drop safe? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Surveillance cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____

25. How is money picked up? Owner Manager Armored Car

Estimated Annual Sales: \$ _____ Estimated % Drive-thru: \$ _____

Estimated Annual Transaction Counts: _____