Restaurant/Food Service Insurance Program Application

Submit To:

Excel|Sure Insurance Services
1041 W. 18th Street, Suite A204
Costa Mesa, CA 92627-4550
Toll-Free Phone: (800) 987-5051
Toll-Free Fax: (877) 987-5051
www.excelsure.com

Quick Quote Program Application

Business Name: _____

Location Address: _____

Contact Name: _____ Phone: _____ Fax: _____

Email: _____ Company Website: _____

Years in Business: _____ Business Entity: _____ Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____ Other

Federal I.D. Number: _____ Hours of Operation: _____

When Do Your Policies Renew?	Insurance Carrier	No. of Losses In Past 3yrs
General Liability/Property: _____	_____	
Business Auto: _____	_____	
Workers Compensation: _____	_____	

ANSWERS	GENERAL INFORMATION
	Do You Own or Lease the Building You Occupy?
	Construction Type of Building?
	Original Year Built?
	Square Footage Occupied?
	Do You Have Automatic Sprinkler System?
	Do You Have a Central Station Burglar Alarm?
	Total Value of Business Personal Property?
	Are You a Franchisee?
	Do You Provide Live Entertainment?
	Is There a Bar at this Location?
	Is There Tabletop Cooking at this Location?
	Are You a Member of the California Restaurant Assoc?
	Estimated Annual Gross Receipts for Delivery?
	Estimated Annual Gross Receipts for Catering?
	Estimated Annual Gross Receipts for Liquor?
	Estimated Annual Gross Receipts for Food?
	Do You Offer a Blue Cross Health Plan to Employees?

Class Code	Payroll	No. of Employees
_____		
_____		
_____		

Describe the Food(s) Served / Menu Type?

_____

_____

_____

CALIFORNIA RESTAURANT ASSOCIATION