



Package Insurance Application (Property/Liability)

OWNER /OPERATOR INFORMATION

Owner/Operator Name: _____ Effective Date: _____
FEIN: _____ # of Stores _____
Street Address: _____
City: _____ State: _____ Zip: _____ Region: _____
Type of Entity: Corporation: _____ Partnership: _____ LLC: _____ Other: _____
Contact : _____ E-mail : _____
Tel # : _____ Fax # : _____ Expiring Premium: _____

OFFICE INFORMATION

Address: _____ City: _____ State: _____ Zip: _____
Own Building Lease Space Square Footage: _____
Construction: Frame Joisted Masonry Fire Resistive Masonry
Are there Sprinklers: Yes No
Values: Building: _____ Contents: _____

(If more than one office, attach additional office information)

STORAGE/WAREHOUSE/TRAILER INFORMATION

Address: _____ City: _____ State: _____ Zip: _____
Own Building Lease Space Square Footage: _____
Construction: Frame Joisted Masonry Fire Resistive Masonry
Are there Sprinklers: Yes No
Values: Building: _____ Contents: _____

(If more than one storage/warehouse, attach additional storage/warehouse information)

ADDITIONAL COVERAGE

Are you interested in EPLI coverage? Yes No

Do you have Special Events throughout the year? Yes No

(If Yes, provide a list of all Special Events held throughout the year and please notify us 7 days before the Special Event)

INSURED SIGNATURE: _____ TITLE: _____ DATE: _____

PLEASE INCLUDE 5 YEARS OF HARD COPY LOSS RUNS

STORE INFORMATION
(photo copy this page as needed, per store)

Store #: _____

Corporation Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Store Type:

Free Standing	Shopping Center	In Store	Oil Alliance
Convenience Store	Mall	Food Court	Airport
Drive-Thru Only	Satellite	Other (explain): _____	

Ownership of Building: Owned Leased/Tenant Other (Explain) _____
Construction: Frame Joisted Masonry Fire Resistive Masonry
Are there Sprinklers: Yes No
Playground: Interior Exterior Interior /Exterior None

Square Footage: _____ Yr. Built: _____ # of Parking Spaces: _____

Are Deliveries made from this location: Yes No
Delivery: _____% Drive-Thru: _____% Seating Capacity: _____

ATM at store location: Yes No If Yes do you Own ATM Lease ATM

WIFI: Yes No

Annual Sales: _____ Transaction Count: _____

OTHER EXPOSURES
(EG: SPORTS MEMORABILIA, FINE ARTS, ETC.)

Exposure Description: _____

Value of Property: _____

OTHER IMPORTANT EXPOSURES: KITCHEN INFORMATION

Have you had your grill ducts/hood cleaned within the last three months? YES NO
CONTRACTOR PROVIDING THE SERVICE: _____

Have you had your fryer ducts cleaned within the last 6 months? YES NO
CONTRACTOR PROVIDING THE SERVICE: _____

Do you have a "wet" Ansul system at this location? YES NO
CONTRACTOR PROVIDING THE SERVICE: _____

Has the Ansul system been serviced/inspected by a qualified Ansul service contractor within the last six months? YES NO
CONTRACTOR PROVIDING THE SERVICE: _____

Completion of this application does not establish a contract of insurance; coverage is not effective for this insurance term until approval by the insurance company.

STORE INFORMATION

16506 Pointe Village Drive Suite 103 Lutz, FL 33558

☎ 877-200-1718 ♦ 813-926-1721 ♦ Fax: 813-926-1724

Email: Adam.Besnard@besnardinsurance.com Web: www.besnardinsurance.com



(photo copy this page as needed, per store)

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