



# KFC Insurance Program Property/GL Application

## Section 1 – Company and Contact Information

Company Tax ID (EIN): \_\_\_\_\_ Company Name: \_\_\_\_\_ Policy Expire Date: \_\_\_\_\_  
 DBA: \_\_\_\_\_ Company Type (Circle): Corporation / Partnership / Sole Prop / LLC / Other  
 Owners Name: \_\_\_\_\_ Year's as an Owner: \_\_\_\_\_ Total Years of Experience: \_\_\_\_\_

Mailing Address:			Contact Persons Name:	
			Email:	
City:	State:	Zip:	Phone:	

## Section 2 – Sales and Employees

Annual <b>Total Receipts/Sales:</b>		Total Number of Employees:	
# Owned Business Vehicles:			

## Section 3 – Locations

Store #	Est. Contents Value:	Building Value:	Est. Year Built:	County	Address City/State/Zip:	Est. Sq/Ft:	Total Sales	Construct Type *



# KFC Insurance Program Property/GL Application

Store #	Est. Contents Value:	Building Value:	Est. Year Built:	County	Address City/State/Zip:	Est. Sq/Ft:	Total Sales	Construct Type *

\*Construction Types:

- 1.) Frame / Wood
- 2.) Joisted Masonry (exterior walls constructed of masonry/block and roof is another material)
- 3.) Non-Combustible
- 4.) Masonry Non-Combustible OR 5.) Modified Fire Resistive OR 6.) Fire Resistive (walls and roof are steel or concrete)

**Section 4 – Discount Questions (Used To Get The Best Pricing)**

- 1.) Have you ever had a Property or General Liability Insurance claim? \_\_\_\_\_
- 2.) Do you have a formal Safety Program in place? \_\_\_\_\_
- 3.) Do you have a Drug Free Workplace (you drug test every employee, etc.)? \_\_\_\_\_
- 4.) Has any Insurance policy ever been cancelled or non-renewed? \_\_\_\_\_ If yes, why? \_\_\_\_\_
- 5.) Have you ever declared bankruptcy? \_\_\_\_\_
- 6.) Do you know your NCCI Exp. Mod. for Workers Compensation? \_\_\_\_\_ If Yes, what is it? \_\_\_\_\_
- 7.) Do you have a Central Alarm system? \_\_\_\_\_
- 8.) What are your Store Hours? \_\_\_\_\_
- 9.) Are your parking lots level, have painted lines, no potholes, and well maintained? \_\_\_\_\_
- 10.) Crime in area (circle one)? Low / Moderate / High
- 11.) Do you have just one Named Insured? \_\_\_\_\_ If No, how many? \_\_\_\_\_
- 12.) Do you have any other Businesses not in this submission? \_\_\_\_\_ If Yes, please explain? \_\_\_\_\_

**Current Insurance:** Work.Comp: \_\_\_\_\_ Prop/GL: \_\_\_\_\_

_____ Authorized Person's Name	_____ Authorized Signature                      Date
-----------------------------------	---

**Just fax the completed application back to the number below. No cover page necessary.**