



3000 Bayport Drive Suite 400 Tampa, FL 33607
Phone (877) 200-1718 Fax: (877) 644-3670

Package Insurance Application for McDonald's
Policy Term: 3/1/12 to 3/1/13

OWNER/OPERATOR INFORMATION

*Required Field - a quote will not be provided if field is left blank.

Owner/Operator Name: Effective Date 3/1/12 Other:

Main Corporate Name: FEIN:

Street Address:

City: State: Zip: Region:

Contact: E-mail:

Ph #: Fax #: Expiring Premium:

Type of Entity: Corporation: Partnership: LLC: Other:

of Freestanding # of Satellites

*Do you have any McDonald's signs or billboards located more than 1,000 feet from restaurants? Yes No

If Yes: Total Number of Signs/Billboards: Total Value of All Signs/Billboards:

Do you have any locations with "hurricane glass"? Yes No

If Yes: Please provide location/store number(s):

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

*Required Field - a quote will not be provided if field is left blank.

*Address: # of Stories:

*City: *State: *Zip: *County:

*Do you own the Building? Lease Space *Are there Sprinklers: Yes No

*Building Value: *Contents Value: *Square Footage: Year Built:

Construction: Frame Joisted Masonry Non Combustible
Masonry Non Combustible Modified Fire Resistive Fire Resistive

STORAGE/WAREHOUSE/TRAILER INFORMATION (If more than one location, attach additional information)

*Required Field - a quote will not be provided if field is left blank.

*Address: # of Stories:

*City: *State: *Zip: *County:

*Do you own the Building? Lease Space *Are there Sprinklers: Yes No

*Building Value: *Contents Value: *Square Footage: Year Built:

Construction: Frame Joisted Masonry Non Combustible
Masonry Non Combustible Modified Fire Resistive Fire Resistive

*Insured Signature: Title: Date:

