

<b>FINANCED</b>	
EQUITYE-ZPLAN	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOWNPAYMENT \$	_____
OTHER	_____

## RESTAURANT/TAVERN/NIGHT CLUB

Applicant's Name _____ Mailing Address _____ Location of Risk _____	
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Mortgagee Complete Name and Mailing Address	Effective FROM _____ TO _____
	Occupancy _____ Other Occupants in Building _____

Limit of Liability		
Coverage	Each Occurrence	Aggregate
Combined Single Limit	\$ _____	\$ _____

Building Information											
Year Constructed	Total Square Feet	Occupants' Square Feet	Number of Stories	Construction Type	Number of Years in Business	Sprinklered	Ansul System	Heating Updated	Roof Updated	Wiring Updated	Plumbing Updated
						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								Date /	Date /	Date /	Date /

Condition of Building	Required Perils	Protection Class
	<input type="checkbox"/> Fire <input type="checkbox"/> EC <input type="checkbox"/> V&MM <input type="checkbox"/> Other _____	

Exposure	Amount Requested	ACV or RC	Coin. %	Deductible	
				\$500/\$1000	Other
Building					
Contents					
Loss of Income					

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.						
Year	Company	Policy #	Premium	Losses Paid	Losses Reserved	Description