



DRISCOLL

Restaurant/Bar/Club
Quick Quote

Send Completed Quote Form to:
(562) 252-8711 or kerry@driscollinsured.com
or online at driscollinsured.com/restaurant

Please quote: **Liability** **Property** **Liquor Liability** **Worker's compensation** **Auto**

CONTACT INFORMATION

Name: _____ **Coverage/Quote Needed by:** _____
 Business Name: _____ Tax ID: _____
 Phone: _____ Fax: _____ E-Mail: _____
 Web Site: _____

BUSINESS OPERATIONS

Please describe your business and any unusual exposures: _____

GROSS Receipts (annual): \$ _____ **FOOD** Sales: \$ _____ **LIQUOR** Sales: \$ _____

CATERING Sales: \$ _____ **OTHER** Sales: (cover charges, merch.): \$ _____

PAYROLL (excluding owners): \$ _____ **Employees** (total): Full Time _____ Part Time _____

Delivery Service? Yes No Years of Experience: _____ Years operating this business: _____

Membership in Trade Associations: _____

Hours of Operation? _____ Bartenders / Servers: _____ Full Time _____ Part Time

Serving Liquor Certificate Training type: _____ Average Age of Clientele: _____

PROPERTY INFORMATION

Address: _____

City: _____ State: _____ Zip Code: _____

Total Sq. Ft. of building: _____ Sq. Ft. of your business: _____ Sq. Ft. of customer area: _____

Construction Type: _____ Year Built: _____ Occupancy: _____ Seating Capacity: _____

Type of Tenants on each side: _____

Roof Type: _____ Heating Type: _____

Wiring Type: _____ Plumbing Type: _____

Update year for the following: Wiring: _____ Roof: _____ Plumbing: _____ Heat/AC: _____

SAFETY INFORMATION

Smoke Detectors? Yes No If yes, Battery or Wired Deadbolts On All Doors? Yes No

Active Central Burglar Alarm? Yes No Fire Alarm? None Local Central

Number of Fire Extinguishers: _____ Interior Automatic Fire Sprinklers: Yes No If yes: _____%

Any Bouncers, Doormen, ID Checkers, Armed Guard, Security Guards? No Yes (fill in below)

Number	Job Duties	Employee?	
		<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

ENTERTAINMENT INFORMATION

Is There Entertainment? Yes No If Yes, What Type & How Often: _____
Dancing? Yes No If Yes, Sq. Ft. of Dance Floor: _____ Nights Per Week: _____
Any video games, pool tables, darts, etc.? Yes No If Yes, Describe: _____
Any Contests, Exhibitions, Audience Participation Events or Do you Sponsor Any Sporting Events? Yes No
If Yes, Describe Events: _____

COOKING INFORMATION

Describe The Cooking Devices At Your Business: _____

Tableside Cooking? Yes No Any Deep Frying? Yes No If yes, is There A High Limit Shutoff? Yes No
Type of Auto Extinguishing System: Wet Chemical (UL300) Dry Chemical None
(If yes) System Name & Type: _____
Does It Cover All Cooking Surfaces including fryers? Yes No
Is there an Automatic Gas or Electric Shutoff with manual pull? Yes No
Is there a Service Contract for Flue Cleaning and auto extinguishing systems? 3 months 6 months
How Often Are Filters cleaned on Hoods & Ducts?: _____

CURRENT INSURANCE INFORMATION

List Any Losses-Claims in the last 5 years or include Carrier Loss Runs:

Date	Amount Paid	Description

Current Insurance Company: _____ Current Premium: _____
Has Insurance Ever Been Cancelled? Yes No If Yes, Describe: _____

COVERAGE REQUESTED

Liability: \$1,000,000 \$2,000,000 **Liquor Liability:** \$1,000,000 \$2,000,000
Building Amount (if owned or required by lease): \$ _____ **Tenant Improvements:** \$ _____
Business Income \$ _____ **Replacement Costs of Contents:** _____
Deductible: \$500 \$1,000 \$2,500 **Number of Additional Insureds** expected: _____
Cash on Premises (maximum amount) \$ _____
Glass Coverage Linear Feet _____ **Outdoor Signs** \$ _____ **Fine Arts** \$ _____
Food Spoilage Amount (Coverage for spoilage from power outage, equipment breakdown or contamination): \$ _____
Employment Practices Liability: Yes No **Employee Benefits Liability:** Yes No

HOW DID YOU HEAR ABOUT US?

How did you hear about us? _____

