

# PACKAGE INSURANCE APPLICATION

## *KAH Insurance Brokerage, Inc.*

510 Broadhollow Road ♦ Suite 210 ♦ Melville ♦ NY 11747  
Phone (631) 271-1721 ♦ Fax (631) 271-1723 ♦ Email: info@kahinsurance.com

Owner Operator Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_ Year Business Established: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Claims Contact & Email: \_\_\_\_\_

Primary FEIN: \_\_\_\_\_  Individual  Corporation  Partnership  LLC  Other

Total Stores: \_\_\_\_\_ # Freestanding: \_\_\_\_\_ # Satellites: \_\_\_\_\_ # Offices: \_\_\_\_\_ # Warehouses: \_\_\_\_\_

Current Package Insurer: \_\_\_\_\_ Current Package Premium: \$ \_\_\_\_\_

DEDUCTIBLE OPTIONS FOR QUOTE: General policy deductible is \$2500, unless indicated. Please check if another deductible option is requested.  \$5,000  \$10,000  \$25,000

Food Delivery Do you deliver to customers?  Yes  No  
If you deliver food to your customers, please answer the following questions:  
How is your food delivered?  On foot  Bicycle  Auto  
If by auto, do you provide the vehicle?  Yes  No  
Are your delivery people your employees?  Yes  No

Alcoholic Beverages - If one of your stores is involved in events with alcohol, please answer the following questions.

Describe the event(s) \_\_\_\_\_ Who serves the alcohol? \_\_\_\_\_

What measures are taken to prevent minors from consuming alcohol? \_\_\_\_\_

Sports Teams and Special Events - Do you sponsor any adult sports teams?  Yes  No

If yes, describe \_\_\_\_\_

Do you participate in any Special Events throughout the year?  Yes  No

If yes, describe \_\_\_\_\_

Owner Operator Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach:  Current Year + 4yrs of Currently Valued Loss Runs**  
**Fax ♦ Email to: (631) 271-1723 ♦ info@kahinsurance.com**

## NON-STORE INFORMATION

**Additional Interests:** (List mortgagees, additional insureds, and loss payees to be named on policy)

Name	Street Address	City	State	Zip
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Attach an additional sheet if necessary.

### Office/Warehouse Locations (not located in a store)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Do you own these premises?     Yes     No

Frame       Masonry Non-Combustible       Joisted Masonry       Modified Fire Resistive       Fire Resistive

Insured Building Value: \$ \_\_\_\_\_

Insured Contents Value: \$ \_\_\_\_\_      Square Footage: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Do you own these premises?     Yes     No

Frame       Masonry Non-Combustible       Joisted Masonry       Modified Fire Resistive       Fire Resistive

Insured Building Value: \$ \_\_\_\_\_

Insured Contents Value: \$ \_\_\_\_\_      Square Footage: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Do you own these premises?     Yes     No

Frame       Masonry Non-Combustible       Joisted Masonry       Modified Fire Resistive       Fire Resistive

Insured Building Value: \$ \_\_\_\_\_

Insured Contents Value: \$ \_\_\_\_\_      Square Footage: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Do you own these premises?     Yes     No

Frame       Masonry Non-Combustible       Joisted Masonry       Modified Fire Resistive       Fire Resistive

Insured Building Value: \$ \_\_\_\_\_

Insured Contents Value: \$ \_\_\_\_\_      Square Footage: \_\_\_\_\_

# STORE INFORMATION

*Please make copies as necessary for each store.*

Store Number: \_\_\_\_\_ Federal ID Number (FEIN): \_\_\_\_\_

Store/Corporate Name: \_\_\_\_\_ County: \_\_\_\_\_

Store Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Year store was built: \_\_\_\_\_ Year store was renovated: \_\_\_\_\_  
Square footage: \_\_\_\_\_ Number of parking spaces: \_\_\_\_\_  
Seating capacity: \_\_\_\_\_ Number of stories in restaurant open to the public: \_\_\_\_\_

2. The hood/duct systems have been cleaned over the fryers within the last six months? (**attach invoice**)  Yes  No

3. The hood/duct systems have been cleaned over the grills within the last three months? (**attach invoice**)  Yes  No

4. The ANSUL system has been serviced/inspected by a qualified company within the last six months? (**attach invoice**)  Yes  No

5. The ANSUL system is a liquid R102 fire suppression system?  Yes  No

6. Store type:  Freestanding  Mall  Oil Alliance  Food Court  In-store  
 Strip Center  Airport  Wal-Mart  Storefront  Satellite  Other \_\_\_\_\_

7. If you have a store that is not freestanding (e.g. In-store, Storefront, Mall, Food Court, Satellite), are you responsible for insurance on the building?  Yes  No

8. Construction Type:  Frame  Masonry Non-Combustible  
 Joisted Masonry  Modified Fire Resistive  Fire Resistive

9. ATM at the store location?  Yes  No  
If yes, then do you own?  Yes  No

10. Playland?  Yes  No  
If yes, is it "Softplay"?  Yes  No  
If yes, then  Interior  Exterior

11. Security guards?  Yes  No  
If yes, then armed?  Yes  No

12. Open 24 hours?  Yes  No  
If yes, is the store limited to "Drive-thru-only" between 11pm and 5am?  Yes  No

13. Is your store within 1/2 mile of an Ocean, Gulf, Lake, River or Bay?  Yes  No

14. Outdoor Signs (over 1,000 ft away from the store):  Yes  No If Yes, sign(s) Value: \$ \_\_\_\_\_

- |  |  |
|--|--|
| 15. Fully sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No        | 20. In-store office? <input type="checkbox"/> Yes <input type="checkbox"/> No                |
| 16. Fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No               | 21. No-skid floor? <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| 17. Burglar alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No            | 22. Bathrooms locked? <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| 18. Alcoholic beverages sold? <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Formal safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| 19. Drop safe? <input type="checkbox"/> Yes <input type="checkbox"/> No                | 24. Surveillance cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____ |

25. How is money picked up?  Owner  Manager  Armored Car

Estimated Annual Sales: \$ \_\_\_\_\_ Estimated % Drive-thru: \$ \_\_\_\_\_

Estimated Annual Transaction Counts: \_\_\_\_\_