



# Business Owners Insurance Questionnaire

Please return completed forms to [cheryl.downey@epicbrokers.com](mailto:cheryl.downey@epicbrokers.com) or fax to 925.867.3421

- Corporation                      Partnership                      Sole Proprietor                      Other \_\_\_\_\_
1. Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_ FEIN: \_\_\_\_\_  
(Complete name of legal entity.)
2. Mailing Address: \_\_\_\_\_
3. Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email : \_\_\_\_\_
4. Total number of pizza restaurants owned by you: \_\_\_\_\_ Number of years in business: \_\_\_\_\_
5. Address of all restaurant locations: \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
(Loc. #1) \_\_\_\_\_  
(Loc. #2) \_\_\_\_\_  
List address of any separate offices/warehouse: \_\_\_\_\_  
(Attach separate sheet if more than 2 locations or additional space is needed.)
6. Desired effective date: \_\_\_\_\_ (Note: Coverage is not in place until completed application is received, approved by underwriter, quoted and a signed acceptance of quote is received from you.)

Coverage will be quoted based on the following information. Please read and answer each question carefully and completely.

	Loc. #1	Loc. #2
Do you require coverage on the Building?	_____	_____
If yes, what is Replacement Cost (cost to rebuild)?	_____	_____
Furniture, Fixtures, & Equipment Replacement cost?	_____	_____
Did you install Leasehold improvements? Cost New?	_____	_____
Replacement cost of outdoor <u>detached</u> signs	_____	_____
Computers/software/POS limit	_____	_____
Building construction ("C" concrete/brick or "WF" wood frame)	_____	_____
Square footage of restaurant	_____	_____
Building age (year built)	_____	_____
If built prior to 1985 indicate the year electrical, plumbing, roofing were updated	_____	_____
Is the restaurant sprinklered?	_____	_____
Central station burglar/fire alarm? ("B" for burglar, "F" for fire, "BF" for both)	_____	_____
How often are bank deposits made?	_____	_____
Annual food sales	_____	_____
Annual beer and/or wine sales	_____	_____
Annual delivery sales	_____	_____
Take-out/Delivery Only <input type="checkbox"/>		
If this is a new venture/business, have you owned or managed a restaurant in the past? (briefly explain): _____		
Do you have a "30 minute guarantee" or similar?                      Yes                      No		
What are your delivery hours? _____		
Do you have any children's play areas on your premises?                      Yes                      No                      If yes, please fully describe on a separate page.		
Are fryers used?                      Yes                      No                      If yes, is there an automatic dry chemical system?                      Yes                      No		
Do you have a flue cleaning service?                      Yes                      No		
Have you ever been cancelled?                      If yes, please explain: _____		

**Please list all property, liability and delivery claims you have had in the past 5 years:**

If I purchase this insurance, I agree to follow the EPIC Pizza Delivery Guidelines to have all drivers approved by EPIC.  
Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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