



Property

1. Business Name: _____
2. Description of operations: _____

Construction

3. # of stories: ____ **Construction:** (____)Frame (____)JM (____)Fire Res. (____)MNC (____)NC (____)Other: _____
4. Is there any EIFS, Dryvit or similar exterior construction present? (____)Yes (____)No
- 4a. EIFS type systems are prohibited. (EIFS used for decorative or ornamental purposes, call your underwriter prior to submitting)
5. **Roof Information (Must be completed to secure quote)**
(____)Single Ply Membrane (____)Built-up (____)Shingles - (55 MPH Rated) (____)Shingles - (110 MPH Rated)
(____)Concrete Tile (____)Clay Tiles (____)Wood Shingles (____)Metal (____)Other: _____
6. Age of roof: (last replacement or update) _____ Are there roof anchor or hurricane straps? Yes ____ No ____

Roof Geometry: (See description of roof type on page 2)

- (____)Hip (____)Gable (____)Flat with Mansard (____)Monoslope (____)Flat (____)Mono-Slope (____) Other
7. If roof is flat is there any equipment attached? (describe) _____
8. Is equipment securely anchored to the roof? Yes ____ No ____ Are there hurricane shutters/panels? Yes ____ No ____
9. Are the building(s) windows and or doors made of IMPACT GLASS? Yes ____ No ____

Renovations / Updates

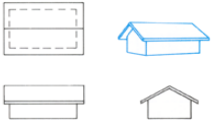
10. Are any renovations currently being performed to the exterior or interior of the building(s)? _____
11. Year of updates: Plumbing ____ Electrical ____ HVAC ____ Water heaters ____ Gas or electric? _____
12. Gut Renovations: Year _____ Details _____

Fire Protection

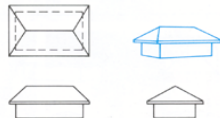
13. Sprinklered? None ____ Fully ____ If partial, describe areas protected: _____
14. Smoke detectors? Yes ____ No ____ If Yes: Hardwired ____ Battery ____
If battery, are measures taken to maintain and keep operational? _____ If yes, by whom? _____
15. Fire Extinguishers on each floor? Yes ____ No ____ In each unit? Yes ____ No ____

Restaurant Property Supplemental

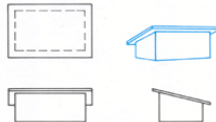
Gable Roof



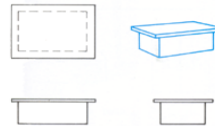
Hip Roof



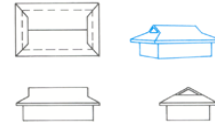
Slope Roof



Flat Roof



Dutch Hip Roof



Supplemental restaurant questions

1. Number of years in restaurant management at this location_____
2. Prior year experience in the restaurant management industry _____
3. Does owner operate and manage this restaurant? Yes__ No__
If no, is a management team or director employed to operate this risk?_____
4. Any pyrotechnics used in or on the insured's premise Yes__ No__ If yes, do not submit.
5. Is there a game room? Yes__ No__ If yes do not submit. If yes, do not submit.
6. Is there a is there an active central station burglary alarm that protects entire building: Yes__ No__
7. Is there an active central station fire alarm that protects entire building: Yes__ No__ If no, the peril of theft will be excluded.
8. Is this risk open for business at this time? Yes__ No__
9. Is business seasonal? Yes__ No__ If yes, period of closing_____
10. Is trash removed from inside premises nightly? Yes__ No__
11. Does an automatic fire suppression system protect all cooking surfaces including BBQ pits & smokers? Yes__ No__
If no, please explain_____
12. Is the automatic fire suppression system under a maintenance contract? Yes__ No__ If no, do not submit.
13. Does insured have cleaning contract with outside professional cleaning contractor for periodic cleaning of all hoods, ducts, vents, fan motors, etc.? Yes__ No__ If no, do not submit.
14. Cleaning schedule for hoods, ducts, vents, fan-motors : Weekly__ Bi-monthly__ Monthly__ Semi Annual__

Is the property in any type of bankruptcy, receivership or in foreclosure? (____)YES (____)NO

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ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

This information does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or person to criminal and civil penalties. information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading.

APPLICANTS SIGNATURE: _____ **DATE:** _____

Name and phone number if individual to contact for inspection _____