

TopBop Quotation Questionnaire

IMPORTANT: (No Commodore Quotation provided unless ALL questions are completed)

Producer Information

Name of the Producer/Agency: _____

Customer Information

Effective Date desired: _____

Name of Insured: _____

DBA: _____ Years in Business: _____

Contact Person: _____ Phone Number: _____

Premise Address: _____

City: _____ State: _____ Zip: _____

Business Hours (must be closed before 12:00 midnight): _____

Any **Delivery**? Yes No If yes, what is % of total sales? (must be less than 5%) _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Type: Individual Partnership Corporation
 Joint Venture Limited Corporation Others _____

Program: Restaurant Retail Office

New Venture? Yes No If Yes, years of experience in similar business: _____

Past Loss History must be indicated: Any claims last 3 years? Yes No

(if there are claims, list type, \$ and year) _____

Property

Building: \$ _____ Business Personal Property: \$ _____

Glass Linear Feet: _____ Area of Building: _____ Area Occupied: _____

Sprinkler: Yes No Central Station Alarm: Yes No

Construction Type: Frame Joist Masonry Non Combustible

Masonry NC Modified FR Fire Resistive

Year Built: _____ Year Remodel: _____ Number of Stories: _____

Is Building Stand alone? Yes No **Peril of THEFT excluded?** Yes No

Occupant is: Tenant Owner

Number of Occupancies in Building: _____ Any **Vacancies** in building? Yes No

Is Building part of a shopping center? Yes No Any **Vacancies?** Yes No

If Yes (vacancies), please explain: _____

Deductible: \$500 \$1,000 \$2,500

Optional Coverage (if needed) Bailee Coverage: \$ _____

Outdoor Sign Coverage: Yes No If Yes, \$ _____

TOPA Insurance Company

Spoilage: \$ _____ (\$7,500 is automatically provided for Restaurant risks)

Water Damage: \$ _____

Others: _____

Crime Coverage

Money and Securities: \$5,000/\$5,000 Others \$ _____

Class C Safe: Yes No Max Money Overnight: \$ _____

Liability

Liability Limit: \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Annual Gross Sales: \$ _____

Liquor Liability: (if needed) \$300,000 \$500,000 \$1,000,000

 If needed, Annual Liquor Sales: \$ _____

 If needed, is Beer and Wine Sold Only? Yes No

Additional Insured Information: (if needed)

Type: (Landlord; Mortgagee; Equipment Lessee etc.) _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Expiring Premium: \$ _____

Is this BOP risk an EXISTING account of your agency? Yes No

 If Yes, Number of years your agency has written account? _____

RESTAURANT RISK QUESTIONS (must complete):

- Any amusement devices: Yes No If yes, how many? _____
- Fire protection over cooking surfaces & frying vats? Yes No
- Ducts cleaned professionally? Weekly Monthly Quarterly Annual No
- Grease traps cleaned regularly? Daily Weekly Monthly No

Additional Remarks:

Signature of producer preparing this Questionnaire (date submitted)

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