

Agency:	
Address:	
Contact:	
Phone:	
Email:	

BOP Restaurant Supplemental Questionnaire

Please send submissions to restaurantsubmission@mcgowanprograms.com

1. Name Insured (Corp.):					
2. DBA (Name):					
3. Classification of Business:	Food Carry Out F	ast Casual Drive In	Deli	Limited	l Service
4. Location Address:					
5. Mailing Address (if different):					
6. Web Address:					
Insured Phone Number (required):	Insured Email Add	ress (required):			
7. Effective Date: Expiring Carrier:	Expiring	Premium: Ta	arget Premium: _		
8. Has the insured had continuous coverage for the past three	years?			Yes	□No
9. Is this a franchise?				Yes	□No
10. Is this a seasonal risk? Yes No	a. If so, how many tota	al days will the location be vaca	nt?		
11. Liquor License?	a. BYOB permitted?			Yes	□No
12. Inspection Contact:	Phone #:	Email:			
Location 1					
1. Number of employees at this location:	2. All other perils (AOP) deductib	le for this location:			
3. Is this building lessors' risk only?				Yes	□No
4. Building Limit:	5. Business Personal Pr	roperty:			
6. Improvements & Betterments:					
7. Total Sales: Food Sales:	Liquor Sales: Caterin		g:		
8. Other Limits Requested:					
Building Details					
1. Construction:	2. Protection	n Class:			
3. Number of Stories: 4. Square	footage occupied by insured?	5	. Year Built:		
6. Indicate year of building updates: Roof:	Electrical Wiring:	Plumbing:	HVAC: _		
7. Is there an automatic sprinkler system?				Yes	□No
Catastrophe Coverage (If Applicable for the Insured's Lo	cation)				
Would you like wind coverage?				Yes	□No
a. Wind Deductible:					
Additional Building Coverage					
Would you like Equipment Breakdown Coverage?				Yes	□No
Liability Coverages					
☐ General Liability Limit: ☐ 1,000,000 ☐ 2,	000,000 Dai	mage to premises rented to you	ı:		
Liquor Liability Limit: 1,000,000 2,	000 000	ployee Benefits Coverage			
	000,000 Em	ployee beliefits coverage			

Additional Coverages					
Employee Dishonesty Limit:	25,000	000 [Include Data Response and Cyber Liability Coverage		
☐ Include Employment - Related Practic] 1,000	2,500
		,00			
Catering					
1. Is there catering?				☐ Yes	s No
Describe catering operations:				_	
2. Describe catering operations.					
3. On or off-premise catering?					N DFF
Cooking Controls					
1. Do you have an NFPA 96 UL Approved	Automatic Extingui	shing System	n over all cooking surfaces and deep fryers?		
2. Regular hood/duct/fan cleaning?	☐ Yes ☐ No		Cleaning Frequency?		
Entertainment					
1. What time do you close?		2. What t	ype of entertainment?		
3. Is there a dance floor?				Yes	i □ No
Additional Interests					
☐ THERE ARE NO ADDITIONAL INTE	RESTS LISTED ON	I THIS APPR	PLICATION AND ARE, BY THE ACKNOWLEDGEMENT, INCLUDE	O IN THE	
INFORMATION THAT IS WARRAN					
(If the box above it not checked, it is	s understood that	there are no	o additional interests to this application)		
Legal Business Name:					
Address Type: Business,					
Address:					
Contract Number:					
Location:					
Legal Business Name:					
Relationship to the Insured:					
Type of Additional Interests/Insured: _					
Address Type: Business,					
Address:					
Contract Number:					
Location:					
		, 20		, 2	.0
Signature of Applicant	Date		Signature of Insurance Broker Date		
Printed Name:			Printed Name:		
Title:			Title: Insurance Broker		