Pro-iii
Insurance Innovators Inc.
Po Box 969, 130 S. Easton Rd.
Glenside, PA 19038
P-215-885-7300 F-215-886-2482
Email: Sam@iiigroup.com

TRADE NAME RESTORATION

Loss of Business Income and Incident Response Insurance
For Food Borne Illness
Food Borne Illness -- Accidental Contamination -- Malicious Contamination

PREMIUM FINANCING AVAILABLE*

GOT 2 MINUTES?

"Quick Quote" Indication Sheet

1. Applicant Company Name: _____

   Restaurant Trade Name(s) _____

2. Mailing Address:_____

3. City, State, Zip Code: _____

4. Type of Operation: 1 Fast Food 1 Casual Dining 1 Fine Dining 1 Buffet

5. Total sales all locations: _____ employee count (all locations):

6. Average store: a. Annual Sales $_____ FT _____ PT _____

   b. Net Income $_____ ___%

   c. Fixed Expense $_____ ___% (Rent, Debt, Utility, etc.)

   d. Payroll $_____ ___% (Necessary continuing)

7. Please complete the following for all stores:

State	Number of Owned Stores	Number of Franchised Stores

8.

Top 5 food suppliers:	Product Supplied:
a.	a.
b.	b.
c.	c.
d.	d.
e.	e.

9. Have you had a food borne illness incident within the last 5 years? _____Yes ____ No

10. Been cited/fined or closed down by any public health authority or civil authority? _____Yes ____ No

If yes to Questions #9 and/or #10, please describe _____

NOTE:
- © All indications are stated in U.S. dollars.
- ➢ Payment is required in U.S. dollars.
- ➢ Any claims payments will be in U.S. dollars.
- ➢ Premium indicated and bound will be the amount required 30 days from the effective date – no foreign currency conversion at that time.
- ➢ By signing this application, the undersigned confirms that the present document, and any other document or correspondence pertaining to the present insurance or application for insurance is accepted in the English language.

All indications are subject to receipt of a fully completed/signed application, required attachments and final underwriting approval. I/we agree that if a contract of insurance is provided by Underwriters this application form and any attached details of previous experience shall be the basis of such a contract. Signing this application does not bind Underwriters to an offer or the named applicant to accept insurance. The proposed policy is designed for risks that agree to use the appointed crisis management/risk management services as approved and appointed by Underwriters as defined in the policy declarations. The named applicant agrees to immediately contact the designated 24-hour crisis management services as defined in the declarations in the event of any actual or potential food borne illness event.

In addition to all other terms and conditions:
APPLICABLE IN KENTUCKY. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

_____ _____
Applicant's Signature (application must be signed) Date