

7200 Corporate Center Drive, Suite 316 – Miami, FL 33126 877-463.9431 – Fax 305.629.7809 – Email: gmail@allcityins.com

Restaurant Package Insurance Quote Request

CONTACT INFORMAT	ION	
Applicant Name:		
	Phone:	
Mailing Address:		
GENERAL INFORMAT	ION	
Year Business Established	d: □ New Business	Years Experience:
Prior/Current Insurance Carrier: None		Expiration Date:
Type of Business:		keout
	□Non-Franchise □Franchise	
Program Eligibility:	Dance Floor: ☐Yes ☐No Live Entertain	nment: □Yes □No Seasonal Bus. □Yes □No
	Takeout: □None □Less than 15% □Mo	ore than 15%
Description of Business:		
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Food	Gross Sales Last 12 Months	Expected Gross Sales Next 12 Months
Liquor		
Other:		
Premises Information		
Address: Same as mailin	g	County:
	-	Basement: □Yes □No
		bing:
Type of Construction: □Frame □Jointed Masonry □Masonry Non-Combustible □Fire Resistive		
Other Occupancies (describe):		
	100).	
Coverage		
General Liability:		M 🗖 Other:
Liquor Liability:		M 🗖 Other:
Building Coverage:	_	
Food Spoilage:	Business Income:	
Please call for other cover	rages and options!	