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**RESTAURANT, BAR, CLUBS QUICK QUOTE REQUEST**

<b>Company Name:</b>		<b>Contact Name:</b> ( <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other)	
<b>Mailing Address:</b>		<b>Phone:</b>	<b>Source:</b>
		<b>Email / Fax:</b>	
<b>Locations Address:</b> <input type="checkbox"/> Same as mailing			
<b>Type of establishment :</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Bar <input type="checkbox"/> Nightclub <input type="checkbox"/> Other: _____		<b>Years Management Experience:</b>	<b>Years at this location:</b>
<b>Business Description:</b>			
<input type="checkbox"/> New Venture <input type="checkbox"/> Years in Business: _____ <input type="checkbox"/> Prior Coverage: Carrier: _____ Exp. Date: _____ <input type="checkbox"/> No Prior <input type="checkbox"/> Prior claims in the past 5 years            Any coverage cancelled or non-renewed in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**GENERAL INFORMATION**

<b>No. of Employees</b> #	<b>Total Area</b> SqFt	<b>Public Area</b> SqFt	<b>Seating Capacity</b> #	<b>Average Clientele Age</b>	<b>Hours of Operations</b>	
<b>Food Sales</b> \$	<b>Catering</b> \$	<b>Take-Out</b> \$	<b>Liquor (premises)</b> \$	<b>Liquor (Carry-out)</b> \$	<b>Cover</b> \$	<b>Other</b> \$
<b>No. of Bartenders</b> #	<b>No. of Servers</b> #	<b>No. of bouncers</b> #	<b>No. of ID Checkers</b> #	<b>No. Armed Security</b> #	<b>No. Unarmed Security</b> #	

<b>Entertainment (check all that apply and advice nights per week)</b> <input type="checkbox"/> DJ: _____ <input type="checkbox"/> Live bands: _____ <input type="checkbox"/> Karaoke: _____ <input type="checkbox"/> Live music/piano performer: _____ <input type="checkbox"/> Adult/Exotic Dancers: _____ <input type="checkbox"/> Comedy Acts: _____ <input type="checkbox"/> Other: _____				<b>Patrons Permitted to Dance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dance Floor area: _____ SqFt	
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Insured in bankruptcy or contemplating bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any amusement devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you serve raw shellfish?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pool tables: How many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Does the menu contain disclaimer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical bulls or similar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sponsor athletic or special events in or out premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Video Games? How many: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Table-side cooking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Firearms on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open pit BBQ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Located on a wharf, pier, dock, pilling or beach?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Playgrounds or playrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide delivery service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If new construction, is construction complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valet parking operation <input type="checkbox"/> Subcontracted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this establishment open for business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor training? Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PROPERTY INFORMATION**

<b>Building Year</b>	<b>Updated Year</b> <input type="checkbox"/> Roof: _____ <input type="checkbox"/> Electricity: _____ <input type="checkbox"/> Plumbing: _____ <input type="checkbox"/> AC: _____	<b>Floors</b> #	<b>Central Alarm?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fire Sprinkler?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>BLDG/Improvements Limit</b> \$	<b>Contents Limit</b> \$	<b>Business Income</b> \$	<b>Sign</b> \$	<b>Other / Describe</b> \$

<b>Coverage Requested</b>	<b>General Liability</b>	<input type="checkbox"/> 300,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 1,000,000/2,000,000	<input type="checkbox"/> _____	
	<b>Liquor Liability</b>	<input type="checkbox"/> 300,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 1,000,000/2,000,000	<input type="checkbox"/> _____	
	<b>Additional Insured:</b>	<input type="checkbox"/> Landlord # _____ <input type="checkbox"/> Other # _____					
	<b>Umbrella</b>	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000	<input type="checkbox"/> 3,000,000	<input type="checkbox"/> 4,000,000	<input type="checkbox"/> 5,000,000	<input type="checkbox"/> _____
	<b>Other:</b>	<input type="checkbox"/> Hired and Non-owned Auto <input type="checkbox"/> Valet Parking <input type="checkbox"/> Workers Compensation <input type="checkbox"/> EPLI					