

Quiznos Business Insurance Application

FOR QUIZNOS FRANCHISEES

TO APPLY:

Complete this application and either mail or fax to:

Mail: Marsh Franchise Protection Program
Attn: PF1
PO Box 14404
Des Moines, IA 50306

Fax: (515) 365-0442



Questions? Call 1-800-803-5763

Contact Information

Your Name: _____

Company Name: _____

Store Number: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact Phone Number: () _____ - _____ E-mail Address: _____

Contact Fax Number: () _____ - _____

Describe Your Business

Legal Entity: Corporation LLC Partnership Individual

Area Director: _____

FEIN Number: _____

Years in Business: _____ Years industry Experience: _____ Number of Employees: ___ Full Time ___ Part Time

Date new coverage needs to be effective _____ / _____ / _____ (Please attach a copy of your current insurance declaration pages.)

Property and Coverage Information

Please tell us about each of your locations.
(Use as many pages as necessary.)

Location Number: _____ of _____

Location Address: Same as the company address Yes No
(If no, please enter the building address.)

Street: _____

City: _____ County: _____ State: _____ Zip: _____

Square feet occupied by you: _____ sq. ft.

What year was the building built? _____

If prior to 1975, please enter the year any of the following updates were made to the building:

Wiring _____ Roof _____

Plumbing _____ Heating/AC _____

For this building, you are: The Owner? The Tenant?

1. How many stories? _____

2. Approximately total building sq. ft.: _____

3. Are there other businesses in the same building? Yes No
(If yes, please provide a complete description of the other businesses.)

4. What type of security system does the building have?

None Local Alarm Central Station
 Security Patrol Inside enclosed mall

5. Is your building 100% sprinklered? Yes No

Coverage Requested:

General Liability (Limit per occurrence) (Please choose one)

\$1M Per Occurrence / \$2M Aggregate \$2M Per Occurrence / \$4M Aggregate Other _____

Annual Sales: \$ _____

Do you do catering? Yes No

Do you do delivery? Yes No

Do you need Stop-Gap coverage? Yes No (Stop Gap coverage applies in North Dakota, Ohio, Washington, West Virginia and Wyoming)

Umbrella

_____ \$1M _____ Other _____

Property (Property coverage is written with 100% replacement cost values.)

Contents Limit \$ _____ Building Limit \$ _____

Deductible (Please choose one): \$500 \$1,000 Other: _____

Please check the type of building construction (Please choose one):

- Frame Joisted Masonry Fire Resistive Non-Combustible Masonry Non-Combustible

Do you need flood? Yes No (If yes, a separate application may be needed.)

Automobile

Do you have hired and non-owned auto only? Yes No

(If yes, understand that this policy DOES NOT cover delivery and that you must contact Quiznos corporate office to obtain insurance coverage for delivery.)

Do you have any corporate-owned autos to insure? Yes No

(Automobiles must be licensed in the company/corporation to be eligible for this coverage.)

Description of corporate-owned auto:

(If more than 2 vehicles, please attach additional vehicle descriptions.)

Vehicle:

Year: _____ Make: _____ Model: _____ VIN: _____

Cost New: \$ _____ Garaging Location: _____ Use: _____

Vehicle:

Year: _____ Make: _____ Model: _____ VIN: _____

Cost New: \$ _____ Garaging Location: _____ Use: _____

Driver information:

(You must provide driver information for any employee using his/her own vehicle for your business.)

(If more than 2 drivers, please attach additional driver information.)

Driver:

Name: _____ Date of Birth: _____

License Number: _____ State of License: _____

Driver:

Name: _____ Date of Birth: _____

License Number: _____ State of License: _____

Workers' Compensation

Employers Liability Limits: __ \$100/500/100 __ \$500/500/500 __ \$1,000/1,000/1,000

Annual Payroll: _____

Total Number of Employees: _____ Full Time: _____ Part Time: _____

(If you are in North Dakota, Ohio, Washington, West Virginia or Wyoming, you must purchase your coverage through the state.)

Loss Information

Have you had any losses? Yes No

If yes, please describe: _____

Amount Paid \$ _____ Date of Loss _____

Please Read and Sign

I declare, that to the best of my knowledge, the information contained in the application is true and that no material facts have been suppressed or misstated.

APPLICANAT'S AUTHORIZED SIGNATURE

DATE

TITLE