

## CALIF TopBOP® APPLICATION

Agent _____ Code _____	
Applicant Name _____ DBA _____ Address _____ _____ City, State, ZIP _____	

### APPLICANT INFORMATION SECTION

Contact name _____	Phone _____
Fax _____	E-mail _____ Web site _____
Form of enterprise	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other _____
Years in business _____	Years of management experience in business _____
Nature of business	<input type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Building Lessors Risk <input type="checkbox"/> Other _____
Franchise Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No

### POLICY INFORMATION SECTION

Effective date requested _____	Our Premium Finance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior insurance carrier _____	Policy number _____
Expiration Date _____	
Declined or cancelled in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason _____
Prior losses? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please provide loss run from your prior carrier.</b>

### LOCATION AND COVERAGE INFORMATION SECTION

Address of location to be insured	<input type="checkbox"/> Check here if the same as the mailing address
City, State, ZIP _____	
Interest <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Residential unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of stories _____	Fire protection class _____
Values: Building \$ _____	<input type="checkbox"/> Ordinance or Law B.P.P. \$ _____
Construction <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Non-Combustible	<input type="checkbox"/> Fire Resistive or Modified F.R.
Deductibles – (\$500 is standard) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	
100% Protected by Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Area of premises (do not include basement) _____
Area Occupied by Insured _____	Other occupancies of building _____
Is building stand alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is building part of a shopping center or mall? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of occupancies _____	
Neighboring occupancies	Left _____ Right _____ Rear _____
Additional Interest Name and Address _____	
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Grantor of Franchise <input type="checkbox"/> Managers or Lessors of Premises <input type="checkbox"/> Other _____	
Liability Limit <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	Liquor Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No Limit \$ _____

### SUPPLEMENTAL COVERAGES

Perils to be insured <input type="checkbox"/> Excluding Theft <input type="checkbox"/> Including Theft	Terrorism <input type="checkbox"/> Yes <input type="checkbox"/> No
Money and Securities (inside/outside) <input type="checkbox"/> \$5,000/\$5,000 <input type="checkbox"/> \$10,000/\$5,000 (restaurant only) <input type="checkbox"/> \$10,000/\$10,000	
Additional limits (\$50,000 Business Income, \$10,000 Valuable Papers, \$10,000 Accounts Receivable, \$10,000 Baliee's and \$10,000 Computer Equipment are included)	
Business Income \$ _____	Spoilage/Refrigerant \$ _____ Exterior Sign Limit \$ _____ Glass (linear foot) _____
Sewer Backup \$ _____	Systems Breakdown \$ _____ Boiler <input type="checkbox"/> Yes <input type="checkbox"/> No Forgery & Alteration \$ _____
Employee Benefit Liability <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	Employee Dishonesty \$ _____ Number of Employee _____

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**UNDERWRITING QUESTIONS**

Engage in other business activities? If yes, please describe \_\_\_\_\_  
Years at this location \_\_\_\_\_ Annual Sales \$ \_\_\_\_\_  
Percentage of Installation, if any? \_\_\_\_\_ Percentage of catering, if any? \_\_\_\_\_ Percentage of delivery, if any? \_\_\_\_\_  
What year was the building built? \_\_\_\_\_ Age of roof \_\_\_\_\_ Has the building been upgraded?  Yes  No  
Date of upgrades: Heating and A.C. \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Roof \_\_\_\_\_  
Is there a burglar alarm?  Yes  No Alarm company name \_\_\_\_\_ Alarm company phone number \_\_\_\_\_  
Flue system last cleaned? \_\_\_\_\_ Suppression System  Yes  No  N/A Last Service? \_\_\_\_\_  
Maintenance contract for system?  Yes  No Number of months \_\_\_\_\_ Hoods over all cooking surfaces?  Yes  No  
Does the auto fire suppression system cover all cooking surfaces?  Yes  No If yes, name of system \_\_\_\_\_  
Automatic gas or electric shut-offs for cooking?  Yes  No Frequency of cleaning of grease traps? \_\_\_\_\_  
Are class BC or class K fire extinguishers available in kitchen?  Yes  No  
Sale of alcoholic beverages?  Yes  No Liquor Sales \$ \_\_\_\_\_ Beer/Wine only?  Yes  No  
Entertainment?  Yes  No Type \_\_\_\_\_ Frequency? \_\_\_\_\_  
Amusement devices?  Yes  No Describe \_\_\_\_\_  
Playground or Mechanical Devices  Yes  No  
Maximum amount of cash kept on premises \_\_\_\_\_  
Is there a safe on the premises?  Yes  No Frequency of deposit \_\_\_\_\_ Amount of cash kept overnight? \_\_\_\_\_  
Are customers allowed access to kitchen facilities?  Yes  No if yes, please explain \_\_\_\_\_  
Number of tables? \_\_\_\_\_ Hours of operation \_\_\_\_\_  Fast Food  Table Service  Lazy Susan, How many \_\_\_\_\_  
Valet Parking?  Yes  No Table-side cooking?  Yes  No Table top cooking?  Yes  No  
Fire Arms Kept on premises?  Yes  No  
Brief description of business nature:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE SECTION**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of producer \_\_\_\_\_ Date \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company of other person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties. Insurance benefits may also be denied.