



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****

**PROFESSIONAL LIABILITY
INSURANCE SERVICES, INC.**
UNDERWRITING FACILITIES
1.800.761.7547 (512) 328.0677
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EMAIL underwriting@plisinc.com

Renewal Application

1. Applicant Company Name: _____
Restaurant Trade Name(s): _____
2. Mailing Address: _____
3. City, State, Zip Code: _____
4. Crisis Management Contact: _____ Phone: _____ Fax: _____ email: _____
5. Change in total sales from expiring: Circle one: + / -- (percentage of change) _____ %
6. Largest store: Annual Sales: \$ _____ Total Employee Count (all locations): Full Time _____ Part Time _____

7. Please complete the following: (Attach location listing if additional space required)

State	Number of Owned Stores	Number of Franchised Stores

8. Have there been any changes with regards to the top 5 food suppliers and product supplied? _____ Yes (if so, attach listing) _____ No
9. Have there been any changes to the food handling procedures during the expiring term? If so, please attach copies of changes only.
10. During the last five years, has any location:

Experienced an accidental or malicious contamination loss?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Been involved with an extortion attempt?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Been cited/fined or closed down by any public health authority or civil authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Had a food borne illness incident resulting in a business interruption?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If Yes to any of the above, provide complete dates, details, and amount of the loss, if applicable.
11. Is the Board of Directors notified for any of the above "yes" responses? YES NO
If yes, when? _____
12. Do you desire coverage for any prior losses in this policy period? (***If yes, provide date of loss and details.***) YES NO
13. Have there been any material change(s) during the last year to your business operation? YES NO
(If Yes, please provide details. This includes Mergers and Acquisitions)

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.

CRISIS MANAGEMENT/RISK MANAGEMENT: 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.

APPLICATION: I/We the undersigned, acting for and on behalf of the applicant company declare that to the best of our knowledge and belief, the information provided in this application form is true, and I/we have not withheld any material information which might affect the judgment of Underwriters in their rating and acceptance of this risk. 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 Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant. By signing this Application form, the Applicant confirms that they have been provided with and inspected a specimen of the Trade Name Restoration Insurance wording. It is recommended that the Applicant take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

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.

All indications are subject to receipt of a completed/signed application, required attachments and final underwriting approval.

Applicant's Signature (application must be signed) _____

Date _____