



TRADE NAME RESTORATION® INSURANCE RENEWAL APPLICATION

Loss of Business Income & Incident Response for Food Borne Illness

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.
UNDERWRITING FACILITY - SINCE 1983

P: 800.761.7547 | F: 512.327.5834 | E: UNDERWRITING@PLISINC.COM | W: WWW.PLISINC.COM

- Applicant Company Name: _____
Restaurant Trade Name(s): _____
- Mailing Address: _____
- City, State, Zip Code: _____
- Crisis Management Contact: _____ Phone: _____ Email: _____
- Total Annual Sales (All Locations): _____ Largest Location Annual Sales: \$ _____
- Total Employee Count (All Locations): Full Time _____ Part Time _____
- Please complete the following for all stores: (or, submit in an accompanying Excel Format spreadsheet)

State	Number of Owned Stores	Number of Franchised Stores

- Are the top five food suppliers, product supplied or distributors utilized the same as last year?YES NO
If no, please provide an updated list
- During the last five years, has any location experienced or been involved in any of the following?
 - An accidental or malicious contamination incident resulting in a business interruptionYES NO
 - An extortion attemptYES NO
 - Cited or closed down by any public health authority or civil authorityYES NO
 - A food borne illness incident resulting in a business interruptionYES NO
 - A workplace violent eventYES NO
 - A data breach eventYES NO
 - A supplier recall eventYES NO
 - A pandemic eventYES NO*If Yes to any of the above, provide complete dates, details, and amount of the loss, if applicable.*
- Have there been any material change(s) during the last year to your business operation?YES NO
If Yes, please provide details. This includes, but is not limited to, mergers and/or acquisitions.

NOTICE

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of Underwriters in their rating and/or acceptance of this risk.

The Applicant agrees that if a contract of insurance is provided by Underwriters, this Application and any other previous Applications, along with any additional supplemental applications, any attachments and supplied information shall be the basis for the formation of such contract and shall be a material and integral part of the Policy, whether or not they are attached to the Policy and/or signed by the Applicant.

Any representations made in the application process for any Policy that may be issued by Underwriters, and the statements made within this Application, any additional supplemental applications, any attachments and supplied information shall be construed as representations of the Applicant.

The Applicant represents that the person signing and initializing this Application and any additional supplemental applications has been authorized to do so by the Applicant.

Signing of this Application and any additional supplemental applications does not bind the Insurer to an offer nor the Applicant to accept insurance.

The Applicant further agrees that if the information supplied on this Application and additional supplemental applications, any attachments and supplied information changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify Underwriters of such change prior to inception of the Policy. _____ (Initials)

Applicant further understands and agrees that no person or entity other than Underwriters has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Underwriters from asserting any right under the terms of the Policy.

By signing this Application, and any additional supplemental applications, the Applicant confirms that they have been provided with and inspected a specimen of the Trade Name Restoration Insurance wording and any applicable endorsements. Underwriters expect that the Applicant will 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.

CANADIAN NOTICE

- All indications are stated in U.S. dollars.
- Premium indicated and bound will be the amount to be paid in U.S. Dollars which is due no later than 30 days from the effective date of the insurance.
- Any claims payments will be in U.S. dollars.
- By signing this application, the undersigned confirms that the present document, and any other document(s) 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 crisis management/risk management services as approved and appointed by Underwriters as defined in the Policy Declarations. The 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.

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.

Applicant's authorized signature of a Principal, Partner or Officer _____

_____ Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Officer _____