



**Program Contact:**

**The RCA Insurance Group**

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Submitted By:

Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_-\_\_\_\_ Fax: ( ) \_\_\_\_\_-\_\_\_\_  
E-Mail: \_\_\_\_\_

[www.rca-insurance.com](http://www.rca-insurance.com)

# "National Restaurant Owners" Umbrella Program Application for Insurance & Purchasing Group Membership

## Applicant Information Section & Limits Requested

Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Limits requested:  \$1MM  \$5MM  \$10MM  \$15MM  \$20MM  \$25MM

# restaurant locations: \_\_\_\_\_ Web site address: www. \_\_\_\_\_

Owner's restaurant management experience: \_\_\_\_\_ Yrs. Number years owning current restaurant: \_\_\_\_\_ Yrs.

## General Information

Describe any non-service food operations or other businesses owned: \_\_\_\_\_

Any marina exposures?  Yes  No Are employees permitted to consume alcohol while working?  Yes  No

Any guns kept on the premises?  Yes  No Are there two (2) means of ingress/egress per location?  Yes  No

Last inspection by Board of Health? \_\_\_ / \_\_\_ / \_\_\_ # of violations? \_\_\_ Have all serious violations been remedied?  Yes  No

If Applicant owns building(s), are there other tenants?  Yes  No If "Yes," please describe: \_\_\_\_\_

## Ratable Exposures – General Liability

Food Sales – Sit Down: \$ \_\_\_\_\_ Liquor Sales: \$ \_\_\_\_\_  
Food Sales – On-Site Banquet: \$ \_\_\_\_\_ Merchandise Sales: \$ \_\_\_\_\_  
Food Sales – Off-Site Catering: \$ \_\_\_\_\_ # of Playgrounds: \_\_\_\_\_  
Food Sales – Fast Food: \$ \_\_\_\_\_ Other (Describe): \_\_\_\_\_

## Ratable Exposures – Automobile Liability

Vehicle Counts: PPT: \_\_\_\_\_ Light: \_\_\_\_\_ Medium: \_\_\_\_\_ Heavy: \_\_\_\_\_ Other: \_\_\_\_\_

Any food delivery?  Yes  No If "Yes," describe: \_\_\_\_\_

Does the primary Automobile Liability or General Liability policy cover Hired & Non-Owned Automobile Liability?  Yes  No

Any drivers with a DUI, DWI, reckless driving, or suspended license in past (5) years?  Yes  No

Any drivers under age 21?  Yes  No How many drivers use company vehicles for personal use? \_\_\_\_\_  None

Are there valets?  Yes  No If "Yes," are they:  Employees  Independent Contractors

## Loss Experience – Serious Claims

Any individual claims (paid or reserved) in the past 5 years in excess of the stated amounts for any of the following coverages?

Automobile Liability: \$50,000  Yes  No Liquor Liability: \$50,000  Yes  No  
General Liability: \$50,000  Yes  No

Any security-type claims (assault & battery, robbery, physical violence) in the past five years?  Yes  No  
If "Yes" to any of the above, attach complete details on a separate sheet.

## Loss Experience – Policy Year Aggregate Losses

For each year, please indicate the "Incurred" losses (i.e. - Paid + Reserved).

|                       | Current Year: | First Prior: | Second Prior: | Third Prior: | Fourth Prior: |
|-----------------------|---------------|--------------|---------------|--------------|---------------|
| General Liability:    | \$ _____      | \$ _____     | \$ _____      | \$ _____     | \$ _____      |
| Automobile Liability: | \$ _____      | \$ _____     | \$ _____      | \$ _____     | \$ _____      |
| Liquor Liability:     | \$ _____      | \$ _____     | \$ _____      | \$ _____     | \$ _____      |

## Underlying Insurance Program

| <u>Policy Type:</u>         | <u>Insurer &amp; Policy #:</u>  | <u>Limits:</u>        | <u>Premium:</u> | <u>Policy Period:</u>     |
|-----------------------------|---------------------------------|-----------------------|-----------------|---------------------------|
| General Liability           | Insurer: _____<br>Pol. #: _____ | \$ __ MM / __ MM      | \$ _____        | ___/___/___ - ___/___/___ |
| Automobile Liability        | Insurer: _____<br>Pol. #: _____ | \$ __ MM              | \$ _____        | ___/___/___ - ___/___/___ |
| Employers Liability         | Insurer: _____<br>Pol. #: _____ | \$ __ K / __ K / __ K | \$ _____        | ___/___/___ - ___/___/___ |
| Liquor Liability            | Insurer: _____<br>Pol. #: _____ | \$ __ MM              | \$ _____        | ___/___/___ - ___/___/___ |
| Employee Benefits Liability | Insurer: _____<br>Pol. #: _____ | \$ __ MM / __ MM      | \$ _____        | ___/___/___ - ___/___/___ |

## Expiring Umbrella

Current Umbrella Carrier: \_\_\_\_\_ Limit: \$ \_\_\_\_ MM Premium: \$ \_\_\_\_\_

## Uninsured & Underinsured Motorists Liability Coverage Options Selector

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will be surcharged \$50,000.00 for this coverage.

## Fact Statements & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Fee Disclosure)

Fact Statements & Fraud Notice. The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/OR Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime. Other State-Specific Fraud Notices Shall Be Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com).

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of National Restaurant Owners PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable)[Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or EOI]; (6) That This Application Shall Be The Basis Of The Contract Should A Policy Or EOI Be Issued And That This Application Will Become A Material Part Of The Policy And/OR EOI, Whether Or Not It Is Attached To The Policy And/OR EOI; And, (7) That It Understands And Agrees That The RCA Insurance Group Application For Insurance Becomes A Material Part Of This Application For Insurance, Whether Or Not Attached To This Application For Insurance. It Is Agreed That This Application Shall Be The Basis Of The Contract Should A Policy Or "Evidence Of Insurance & Purchasing Group Membership" (Heretofore & Hereinafter "EOI") Be Issued And It Will Become A Material Part Of The Policy &/Or EOI Whether Or Not It Is Attached To The Policy &/Or EOI. (Continued)

Fact Statements & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Fee Disclosure)(Continued)

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

\_\_\_\_\_, 200\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_, 200\_\_\_\_  
Signature of Insurance Broker                      Date

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: Insurance Broker