

Restaurant Insurance Form:

Date: _____

Contact Name : _____

Name Of Company _____ - _____

Address _____

Sq.Ft _____

Immediate Needs: _____

Business Information

Type of Restaurant: Family Style _____ Bar _____ Caterer _____ Other _____

Building Value:\$ _____ Property:\$ _____ Business Income:\$ _____

Seats: _____ Receipts:\$ _____ # Employees: _____ Pay Roll: _____

Sprinkler System Y/N _____ Alarm Y/N _____ Entertainment Y/N _____

Dock or Pool Y/N _____ Owned Auto Y/N _____ Claims Y/N _____

Contact Information

Phone# _____ * Fax contact# _____

email address _____

Best time or day to contact _____

**For more information please call Restaurant Insurance:T-305.653.8888
To get your quote please fax/email your personal information to: F-305.653.1900
email:info@myrestins.com**

Confidentiality Note: The information contained in this electronic mail is privileged and confidential and is intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this electronic mail is strictly prohibited. If you have received this electronic mail in error, please immediately notify the sender and delete all copies.