

McDonald's Package Application

RMS INSURANCE BROKERAGE, LLC

OWNER /OPERATOR INFORMATION

Owner/Operator Name: _____ Effective Date 10/1/04 Other: _____

Social Security Number: _____ Total # of Store Locations: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Region _____

Type of Entity: Corporation: _____ Partnership: _____ LLC: _____ Other: _____

Contact : _____ E-mail : _____

Tel # : _____ Fax # : _____

OFFICE INFORMATION

Address: _____ City: _____ State: _____ Zip: _____

Own Building Lease Space Square Footage : _____

Construction: Frame Joisted Masonry Fire Resistive

Masonry Non-Combustible Modified Fire Resistive Masonry

Values: Building: _____ Contents: _____

(If more than one office, attach additional office information)

STORAGE/WAREHOUSE/TRAILER INFORMATION

Address: _____ City: _____ State: _____ Zip: _____

Own Building Lease Space Square Footage: _____

Values: Building: _____ Contents: _____

(If more than one storage/warehouse, attach additional storage/warehouse information)

ADDITIONAL COVERAGE

Are you interested in EPLI coverage Yes No

Do you require Bonds Yes No

Do you have Special Events throughout the year Yes No

(If Yes provide a list of all Special Events held throughout the year and please notify us 7 days before the Special Event)

INSURED SIGNATURE: _____ TITLE: _____ DATE: _____

PLEASE INCLUDE FIVE YEAR HARD COPY LOSS RUNS

STORE INFORMATION

National Store #: _____

Corporation Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Store Type:

- Free Standing Wal-Mart In Store Oil Alliance
- Convenience Store Mall Food Court Airport
- Drive-Thru Only Satellite Other (explain): _____

Construction: Frame Joisted Masonry Fire Resistive
 Masonry Non-Combustible Modified Fire Resistive Masonry

Play Land: Interior Exterior Interior /Exterior None

Square Footage: _____ Yr. Built: _____ # of Parking Spaces: _____

Drive-Thru: _____% Seating Capacity: _____

ATM at store location: Yes No If Yes do you Own ATM Lease ATM

WIFI: Yes No

Are Deliveries made from this location: Yes No

Annual Sales: _____ Transaction Count: _____

Broker use only
TIV: _____

OTHER EXPOSURES (EG: SPORTS MEMORABILIA, FINE ARTS, ETC.)

Exposure Description: _____

Value of Property: _____

Current Carrier: _____ Current Premium: _____

OTHER IMPORTANT EXPOSURES: KITCHEN INFORMATION

Have you had your grill ducts/hood cleaned within the last three months? YES NO

CONTRACTOR PROVIDING THE SERVICE: _____

Have you had your fryer ducts cleaned within the last 6 months? YES NO

CONTRACTOR PROVIDING THE SERVICE: _____

Do you have a "wet" ansul system at this location? YES NO

CONTRACTOR PROVIDING THE SERVICE: _____

Has the ansul system been serviced/inspected by a qualified ansul service contractor within the last six months? YES NO

CONTRACTOR PROVIDING THE SERVICE: _____

PLEASE ATTACH WRITTEN VERIFICATION FROM EACH CONTRACTOR OR SERVICE PERSON FOR EACH STORE

For Broker Use Only

Rec. Code:		Owner/Operator:	
Broker:		Producer:	Current Carrier:
Risk Selection Criteria		Yes	No
In business 3 years or more			
If in business less than 3 years - relevant business experience			
Family Owned			
3 Year Loss Ratio Information			
No Losses or Claims- 3 years			
No Losses or Claims in 2 of the 3 years			
0 % - 34%			
35% - 39%			
40% - 44%			
Over 45%			
Losses over \$25,000			

Loss Analysis				
Year	Premium	Carrier	Losses	Loss Ratio
Current				
Prior				
2 Years Prior				
3 Years Prior				
Total				