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**ARIZONA, NEVADA, NEW MEXICO, UTAH
RESTAURANT PACKAGE POLICY**

Effective: June 2008

ELIGIBLE CLASSES

1. Building and Personal Property
Buildings, which do not exceed 5,000 square feet in total floor area, and do not exceed \$750,000 in annual gross sales.
Buildings otherwise shown as eligible in the risk classification may not be insured if occupied by the named insured for the conduct of business, which is not eligible. Maximum value for building/contents and loss of income is \$500,000 combined – Submit for higher values.
2. When computing floor area, do not use basement areas that are not open to the public.
3. When under one ownership, building and personal property must be included in the same policy.
4. New Ventures – Surcharge 10%
5. Risks that have had no insurance in the past 90 days, surcharge 10%.
6. Maximum sales of alcoholic beverages – 30% of total receipts.
7. Liquor liability coverage is also available – Please contact an underwriter!

COVERAGES DESCRIBED IN THIS PROPOSAL ARE GENERAL DESCRIPTIONS ONLY AND DO NOT ALTER, EXTEND OR RESTRICT THE COVERAGES PROVIDED BY THE POLICY OF INSURANCE.

**FULLY COMPLETED APPLICATION MUST AND TERRORISM QUOTE MUST BE
SUBMITTED FOR FINAL APPROVAL**

**RESTAURANT PACKAGE POLICY
SIMPLIFIED COVERAGES FOR TODAY'S NEEDS**

<p align="center"><u>PROPERTY COVERAGES</u></p> <ul style="list-style-type: none"> • BASIC FORM • SPECIAL FORM, NO THEFT – If building is more than 35 years old, it must have been updated within the last 35 years. • SPECIAL FORM, WITH THEFT – If building is more than 35 years old, it must have been updated within the last 35 years, and must have central station alarm, double dead bolt locks. Minimum deductible: \$1000 • BUSINESS INCOME • EXTRA EXPENSE • MAXIMUM VALUE for building/contents and loss of income is \$500,000 combined – Submit for higher values. • REPLACEMENT COST – Submit • CO-INSURANCE – 90% • \$500 DEDUCTIBLE 	<p align="center"><u>OPTIONAL PROPERTY COVERAGES</u></p> <ul style="list-style-type: none"> • PROPERTY ENHANCEMENT – Includes \$10,000 Accounts Receivable, \$5,000 Extra Expense, \$2,500 Fire Protection Recharge, \$5,000 Loss Data Preparation Costs, \$10,000 Spoilage, \$2,500 Signs, \$5,000 Fire Department Service Charge, \$10,000 Valuable Papers and Records, \$10,000 Property off Premises, \$2,500 Trees and Shrubs, \$5,000 Outdoor Property, \$10,000 Debris Removal, \$1,000 Glass, \$10,000 Water Back-up, \$2,500 off Premises Power Failure – Flat Premium - \$200.00 – (\$250 DED Per Coverage Part.) • OUTDOOR SIGNS • GLASS – Special endorsement, including external, internal and above grade glass (leaded glass must be submitted) • ADDITIONAL NAMED INSURED • PROPERTY DEDUCTIBLES <table style="margin-left: 40px;"> <tr> <td>\$ 500 (Basic Only)</td> <td>\$ 1,500</td> </tr> <tr> <td>\$1,000</td> <td>\$ 2,500</td> </tr> </table> 	\$ 500 (Basic Only)	\$ 1,500	\$1,000	\$ 2,500
\$ 500 (Basic Only)	\$ 1,500				
\$1,000	\$ 2,500				

<p align="center"><u>LIABILITY COVERAGES</u></p> <ul style="list-style-type: none"> • BODILY INJURY, PROPERTY DAMAGE • PERSONAL INJURY • ADVERTISING INJURY • MEDICAL EXPENSES - \$5,000 any one person • LIABILITY LIMIT - \$100,000 to \$1 million • PRODUCTS AND COMPLETED OPERATIONS • FIRE LEGAL LIABILITY - \$50,000 any one fire or explosion (higher limits available) • OCCURRENCE BASIS • DEDUCTIBLE - \$500 bodily injury, property damage, and loss adjustment expense 	<p align="center"><u>OPTIONAL LIABILITY COVERAGES</u></p> <ul style="list-style-type: none"> • LIABILITY DEDUCTIBLE <table style="margin-left: 40px;"> <tr> <td>\$1,000</td> </tr> </table> 	\$1,000
\$1,000		

<p>GENERAL UNDERWRITING</p> <ul style="list-style-type: none"> • 25% Minimum Earned • Minimum Policy Premium is \$750 • Any Risk with Loss Payments Totaling over \$5,000 within three years must be submitted. <ul style="list-style-type: none"> • Add 10% surcharge if new venture or no insurance in the past 90 days.
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THE COVERAGES PROVIDED BY THE POLICY OF INSURANCE.**

ARIZONA, NEVADA, NEW MEXICO, UTAH

RESTAURANT OWNERS PACKAGE, EFFECTIVE: JUNE 2008

SUBJECT TO CHANGE WITHOUT NOTICE.

MINIMUM POLICY PREMIUM \$750.00

NEW VENTURE OR UNINSURED FOR THE PRIOR 90 DAYS, APPLY 10% SURCHARGE TO BOTH GENERAL LIABILITY AND PROPERTY.

Composite Rates - Property Per \$100 of Value		Liability Included = \$100,000 Per Occurrence/Aggregate	
Building, Contents, Loss of Income, Extra Expense		\$500 Deductible Bodily Injury, Property Damage, LAE	
Territory (NBC)	Adjustment Factor	MINIMUM PREMIUM PER LOCATION	
1 to 7	Use Rate Tables	Property: \$300.00	General Liability: \$350.00
8 to 10	1.25	Inspection Fee: \$175.00	

CLASSIFICATION	F*	A*	LIABILITY	
RESTAURANTS	.55	.45	4.03	Gross Revenue**
*BUILDING CONSTRUCTION: F= FRAME; A=ALL OTHER **PER \$1,000 OF GROSS REVENUE				

OPTIONAL COVERAGES

PROPERTY (INCREASE OVER BASE RATE)		
Special Form, No Theft - Bldg/BPP/BI/ EE +.02	*Special Form: Bld/BPP/BI/EE + .03	
Replacement Cost: Submit	*Must have alarm and double dead bolt.	
BUSINESS INCOME AND EXTRA EXPENSE - USE PROPERTY RATE		
GLASS - MINIMUM PREMIUM \$50.00 (RATES PER SQUARE FOOT)	ADDITIONAL NAMED INSURED \$75.00 FULLY EARNED	TO INCREASE LIABILITY LIMITS OVER \$100,000,:
EXTERIOR .50	TO CHANGE PROPERTY DEDUCTIBLES TO:	\$300,000 1.30%
INTERIOR .35	\$ 1,000 .92%	\$500,000 1.40%
\$100 DEDUCTIBLE	\$ 1,500 .90%	\$1 MILLION 1.50%
SIGNS, EXTERIOR - MINIMUM PREMIUM \$75.00	\$ 2,500 .85%	TO DOUBLE AGGREGATE 1.05%
\$2.50 PER \$100 OF VALUE		TO INCREASE LIABILITY DEDUCTIBLE TO \$1,000, USE .95 OF RATE.
\$5,000 MAXIMUM		

WORKSHEET

LIABILITY LIMITS		<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1 MILLION
PROTECTION CLASS		CONSTRUCTION TYPE		PROPERTY DED. \$	PREMIUM
BUILDING (ACV) <input type="checkbox"/> Basic <input type="checkbox"/> Special (No Theft) <input type="checkbox"/> Special (Incl. Theft)	LIMITS OF INSURANCE \$	RATE X DED. FACTOR X TERR. ADJ =FINAL RATE _____			\$
CONTENTS(ACV) <input type="checkbox"/> Basic <input type="checkbox"/> Special (No Theft) <input type="checkbox"/> Special (Incl. Theft)	\$	RATE X DED. FACTOR X TERR. ADJ =FINAL RATE _____			
BUSINESS INC.(ACV) <input type="checkbox"/> Basic <input type="checkbox"/> Special (No Theft) <input type="checkbox"/> Special (Incl. Theft)	\$ %	RATE X DED. FACTOR X TERR. ADJ =FINAL RATE _____			
EXTRA EXP. (ACV) <input type="checkbox"/> Basic <input type="checkbox"/> Special (No Theft) <input type="checkbox"/> Special (Incl. Theft)	\$ %	RATE X DED. FACTOR X TERR. ADJ =FINAL RATE _____			
GENERAL LIABILITY	LIABILITY LIMITS \$	RATE X INCRE. LIMITS X AGGREGATE X LIAB. DED =FINAL RATE X PREM BASIS _____			

OPTIONAL COVERAGES		RATE CALCULATION	PREMIUM
PROPERTY ENHANCEMENT		FLAT CHARGE \$200.00 (\$250 DED Per Coverage Part)	
GLASS (\$50 MINIMUM PREMIUM)		NUMBER OF SQUARE FEET _____ X _____ (RATE)	\$
SIGNS (\$75 MIN. PREMIUM)		VALUE _____ X \$2.50 (Calculated Per Hundred)	\$
ADDITIONAL INSURED		FLAT CHARGE \$75.00 EACH X _____ (NUMBER OF ADDI. INSURED)	\$
TAX PERCENTAGES (BY STATE)		TERRORISM	\$
ARIZONA	3.2%	INSPECTION FEE	\$ 175.00
NEVADA	3.9%	TOTAL PREMIUM	\$
NEW MEXICO	3.003%	TAX/FEES (COMPUTE ON TOTAL PREMIUM)	\$
UTAH	4.5%	TOTAL ADVANCE PREMIUM	\$



STATEWIDE INSURANCE CORP.

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**ARIZONA, NEVADA, NEW MEXICO, UTAH
 RESTAURANT PACKAGE POLICY APPLICATION**

APPLICANT'S NAME AND MAILING ADDRESS		PRODUCER'S NAME	PHONE NO.	AGENCY CODE NO.
Phone:		PRODUCER'S ADDRESS		
APPLICANT'S BUSINESS		PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	
LOCATION OF INSURED PREMISES		<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE <input type="checkbox"/> BIND	UNDERWRITER:	
ADDITIONAL INTEREST NAME AND ADDRESS:		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> CONTRACT SELLER	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> OTHER
APPLICANT IS:		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> OTHER

UNDERWRITING INFORMATION - PROPERTY AND LIABILITY

1. NUMBER OF YEARS APPLICANT HAS BEEN IN BUSINESS?		
2. HOW MANY YEARS HAS APPLICANT BEEN AT THIS LOCATION?		
3. HAS BUILDING BEEN REMODELED? IF YES, WHEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. HAS WIRING, PLUMBING, AND HEATING BEEN UPDATED? IF YES, WHAT YEAR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. DESCRIBE ALARM/SECURITY SYSTEM: <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> DOUBLE DEAD BOLT		
6. IS ANY COMMERCIAL COOKING WHICH EMITS GREASE LADEN VAPORS DONE ON PREMISES? IF YES, DESCRIBE.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. ARE ANY ALCOHOLIC BEVERAGES SERVED ON PREMISES? IF YES, RECEIPTS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. ARE THERE ANY GASOLINE PUMPS ON THE PREMISES? IF YES, HOW MANY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. LIST OTHER OCCUPANCIES IN BUILDING OCCUPIED BY INSURED.		
10. EXPENDITURES FOR ADVERTISING: \$		

GENERAL INFORMATION

1. ARE THERE BUILDINGS OWNED OR OCCUPIED BY INSURED NOT DESCRIBED ON THE APPLICATION?		
2. LAST YEAR'S GROSS RECEIPTS: \$	RENTAL %	INSTALLATION, SERVICE, REPAIR %
3. BUILDING SQUARE FOOTAGE:	AGE OF BUILDING:	NUMBER OF EMPLOYEES:

PRIOR CARRIER AND LOSS HISTORY LAST 3 YEARS

INDICATE ALL PREMIUMS AND LOSSES IN THE PAST THREE YEARS THAT HAVE BEEN COVERED BY INSURANCE.	CARRIER AND POLICY DATES	COVERAGE	PREMIUM	DATE & AMOUNT OF LOSS	CAUSE & DESCRIPTION OF LOSS

HAS ANY CARRIER CANCELED, DECLINED OR REFUSED ANY INSURANCE DURING THE PAST 3 YEARS? YES NO
 (IF YES, SUBMIT FULL DETAILS.)

IS THERE ANY OTHER INSURANCE ON THIS PROPERTY? YES NO

REMARKS:

INSURED'S SIGNATURE

PRODUCER'S SIGNATURE

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$_____
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Syndicate on behalf of certain underwriters at Lloyd's

Print Name

Policy Number

Date