

Concklin Insurance
FAX# 630-629-0486

Jersey Mikes - NEW LOCATION WORKSHEET
or E-MAIL : Lisa@concklin.com

Corporate Named Insured: _____ Effective Date: _____

Mailing Address _____

Contact telephone number: _____ Store # _____

Contact E-Mail address: _____

Location of Property: _____

Second Property: _____

Occupied: _____ (Tenant or Owner) DBA: _____

Building Construction: _____ Stories: _____ Percent Sprinklered: _____

Sq. Ft Dining Room only: _____ Total Sq Ft: _____

Burglar Alarm Fire Alarm Local Siren Central Station
Video Camera Inside # _____ Outside # _____

Year Built: _____ (If Building is over 25 years old, please input year of update)

Updates: Wiring: _____ Plumbing: _____

Roofing: _____ Heating: _____

COVERAGE – Building: _____ Buildout: _____

BPP/Contents: _____ Food Spoilage: _____

Estimated Annual Receipts – Food: _____

Estimated Annual Payroll – Restaurant: _____ Clerical: _____:

Number of Employees - Full time: _____ Part time: _____

EPLI Limit \$500,000 – Deductible option \$1000 _____ \$2000 _____ \$5000 _____ \$10,000 _____

Cash Coverage \$ _____ On Premise \$ _____ Off premise

FEIN # _____ Name of County: _____

Landlord - Name & Address _____

Hours of Operation Sun Mon Tue Wed Thur Fri Sat

Open _____ Close _____