

# Place your order, here...

We are ready to serve you. To request a quote, fax or e-mail this application to: (559) 431-6649 or dseltzer@dibu.com  
Any questions or concerns, please call Dirk Seltzer or Linda Tully at (800) 284-8247.

## Togo's/Baskin Robbins Insurance Application

Named Insured: \_\_\_\_\_

DBA (If any): \_\_\_\_\_

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

Federal Tax ID Number: \_\_\_\_\_

Please Indicate Business Type:  Corporation  Partnership  Individual  LLC  LLP Other: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_ Property/Liability: \_\_\_\_\_ Workers' Comp: \_\_\_\_\_ Auto: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Store Locations (If more than four, please use addendum): \_\_\_\_\_

Current Property/Liability Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Insurance Losses?  Yes  No If losses, please describe: \_\_\_\_\_

Loss Runs Attached:  Yes  No (Required within 30 days of binding coverage.)

### Property/Liability Information:

Building Coverage Limit (If you own): \_\_\_\_\_ Contents Coverage Limit: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Year Built: \_\_\_\_\_ Building Area You Occupy: \_\_\_\_\_

Central Station Alarm:  Yes  No Annual Sales: \_\_\_\_\_ Building Sprinklered?  Yes  No

Delivery:  Yes  No Catering:  Yes  No

If you are a tenant, please list the building owner's name and address: \_\_\_\_\_

### Auto Information: (Please attach additional driver and vehicle information if applicable)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN #: \_\_\_\_\_ Driver: \_\_\_\_\_ License #: \_\_\_\_\_

Workers' Compensation Information:  Ice Cream Parlor  Sandwich Shop  Combo

Payroll: \_\_\_\_\_

Number of Employees: FT PT FT PT FT PT

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

Ownership: \_\_\_\_\_

Name Title Ownership % Include / Exclude from Coverage

Inc  Exc

Inc  Exc

Inc  Exc

Inc  Exc

Years' experience in this industry: \_\_\_\_\_ Management: \_\_\_\_\_ Ownership: \_\_\_\_\_

Workers' Compensation loss runs must be provided prior to binding coverage (three years, if applicable).

Current Workers' Compensation Carrier: \_\_\_\_\_