

# Benchmark

**MANAGEMENT GROUP, INC.**

1730 Park Street, Suite 214 Naperville, IL 60563  
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## PIZZA PROGRAM APPLICATION

### Applicant's Instructions:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENT AT THE END OF THIS APPLICATION.

1. **APPLICANT INFORMATION** **PROPOSED EFF. DATE:** \_\_\_\_\_

a. Full name of Applicant Business: \_\_\_\_\_

b. Business Address: \_\_\_\_\_

c. Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total \_\_\_\_\_ (Per Location)

Location #2: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total \_\_\_\_\_

Location #3: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total \_\_\_\_\_

Location #4: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total \_\_\_\_\_

d. Additional Locations (City and State)

Location #2: \_\_\_\_\_

Location #3: \_\_\_\_\_

Location #4: \_\_\_\_\_

e. Telephone #: ( ) \_\_\_\_\_ Years in Business: \_\_\_\_\_

f. Are owners active in the business? Yes or No Number years experience? \_\_\_\_\_

g. Requested General Liability Limits:

General Aggregate: \_\_\_\_\_ Products and Completed Operations: \_\_\_\_\_

Personal & Advertising Injury: \_\_\_\_\_ Each Occurrence: \_\_\_\_\_

Damage to Rented Premises: \_\_\_\_\_ Medical Expenses: \_\_\_\_\_

Liquor Liability: Yes or No If yes, what limit \_\_\_\_\_

h. Landlord's Name and Address (if named on policy as Additional Insured): \_\_\_\_\_

\_\_\_\_\_

i. Other Additional Insureds: \_\_\_\_\_

\_\_\_\_\_

**2. OPERATIONS – INFORMATION IS FOR THE PROSPECTIVE POLICY TERM, NOT CURRENT POLICY TERM**

- a. Total # of Drivers: Full Time\_\_\_\_\_ Part Time\_\_\_\_\_ Maximum # on the road at any one time\_\_\_\_\_
  - b. # of Deliveries per Year: \_\_\_\_\_ Maximum Delivery Distance: \_\_\_\_\_
  - c. Requested Hired/Non Owned Auto Limit: \_\_\_\_\_1,000,000 \_\_\_\_\_1,500,000
  - d. Total Store Receipts:\_\_\_\_\_ Total Delivery Receipts:\_\_\_\_\_ Liquor Receipts: \_\_\_\_\_ (Per Location)
- Location #2: Total Store Receipts:\_\_\_\_\_ Total Delivery Receipts:\_\_\_\_\_ Liquor Receipts: \_\_\_\_\_
- Location #3: Total Store Receipts:\_\_\_\_\_ Total Delivery Receipts:\_\_\_\_\_ Liquor Receipts: \_\_\_\_\_
- Location #4: Total Store Receipts:\_\_\_\_\_ Total Delivery Receipts:\_\_\_\_\_ Liquor Receipts: \_\_\_\_\_

**3. PROCEDURES**

- a. Safety: Do you have a written safety manual? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, how often are they reviewed and updated? \_\_\_\_\_
- b. Do you guarantee your deliveries within a certain time? If so, how fast? \_\_\_\_\_
- c. Do you maintain records on all employed drivers' personal auto liability insurance?  
If yes, how often are they updated? \_\_\_\_\_
- d. Do you check MVRs prior to hiring? \_\_\_\_\_ If so, how often do you update MVRs? \_\_\_\_\_
- e. What is your minimum driver's age? \_\_\_\_\_
- f. What is the procedure when a driver is ticketed? \_\_\_\_\_
- g. Is auto insurance mandatory in your state? If so, what limits? \_\_\_\_\_

**4. PROPERTY INFORMATION**

- a. Replacement Value of: Building (if required by landlord or owned): \$ \_\_\_\_\_  
Contents: \$ \_\_\_\_\_  
Improvements/Betterments: \$ \_\_\_\_\_  
Business Income: \$ \_\_\_\_\_
- b. Construction of building: \_\_\_\_\_
- c. Protection class: \_\_\_\_\_ County: \_\_\_\_\_
- d. Year building was built (estimate if you have to): \_\_\_\_\_
- e. If building is over 25 years old, year of most recent updates for:  
Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_  
Electrical \_\_\_\_\_ Roof \_\_\_\_\_

f. Mortgage Company Name and Address (if applicable): \_\_\_\_\_  
\_\_\_\_\_

g. Loss Payee's Name and Address (for equipment and contents): \_\_\_\_\_  
\_\_\_\_\_

h. Is building sprinklered? Yes or No If yes, date that system was last tested: \_\_\_\_\_

i. Location has an alarm/security system? Yes or No Monitored by: \_\_\_\_\_

j. Square Footage of store: \_\_\_\_\_ Dining Area Square Footage: \_\_\_\_\_

k. Seating Capacity: \_\_\_\_\_

l. Hours of Operation: \_\_\_\_\_

m. Do you own the building? Yes or No

n. Distance from fire hydrant: \_\_\_\_\_ Distance from fire station: \_\_\_\_\_

o. Building is free-standing? Yes or No Building is in Strip Center? Yes or No

p. Is this location in a flood zone? Yes or No

**5. COOKING EXPOSURE**

a. An automatic fire extinguishing system protects hoods, ducts, grease filters and cooking areas including deep fat fryers. Yes or No

b. The fire extinguishing system has a manual release located outside the kitchen. Yes or No

c. Exhaust filters, ducts and hoods are cleaned by a professional cleaning service quarterly and inspected annually. Yes or No

d. Cooking Equipment has an automatic shutoff. Yes or No

e. Deep fat fryers have a temperature limit with automatic shutoff. Yes or No

f. Deep fat fryers are separated from any cooking surface by at least 18-inch, non-combustible barrier. Yes or No

g. Is there any open flame cooking? Yes or No

h. Is there proper disposal of trash and smoking materials? Yes or No

i. Is there an adequate number of fire extinguishers on premises with current service tags? Yes or No

**6. CLAIMS/ACCOUNT HISTORY**

a. Describe all losses in the past 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Name of current non/owned automobile carrier: \_\_\_\_\_  
Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_ Exp Date: \_\_\_\_\_
- c. Has similar insurance ever been cancelled or non-renewed by the insurance company? Yes or No  
(Not applicable in Missouri) If yes, please explain: \_\_\_\_\_

**Please attach a copy of the following with your submission:**

1. **5 years current hard copy loss runs.**
2. **Copy of franchise agreement.**
3. **Signed copy of Named Insured Warranties for the operations of automobiles.**

*Any person who knowingly defrauds any insurance company by filing an application for insurance containing any false information or concealing, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to civil and criminal penalties.*

**WARRANTY:** I warrant to the insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

**I authorize the release of claim information from any prior insurer to Benchmark Management Group,  
1730 Park Street, Suite 214, Naperville, IL 60563**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Producer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

NAMED INSURED WARRANTIES FOR THE OPERATIONS OF AUTOMOBILES

In reliance upon the application for the insurance afforded by this policy the Named Insured and the Company have agreed as follows:

1. The Named Insured agrees to cooperate with his Insurance Agent in screening all drivers or prospective drivers who will be called upon to operate an automobile on behalf of the Named Insured: and,
2. The Named Insured agrees the screening referred to in the foregoing paragraph will include the review of each driver's or prospective driver's automobile driving record as published by the home "state" of the prospective driver every six months or, in the case of a new driver before the prospective driver drives on behalf of the Named Insured; and,
3. The Named Insured agrees that no driver or prospective driver will be allowed to operate an automobile on behalf of the Named Insured if said driver or prospective driver does not have a valid automobile driver's license and an insurance ID card or some other form of acceptable proof of financial responsibility for the operation of a motor vehicle; and,
4. The Named Insured agrees that no driver or prospective driver will be allowed to operate an automobile on behalf of the Named Insured if said driver or prospective driver does not meet the following driving criteria.

VIOLATIONS

No more than two moving violations in 36 months and one at fault accident;

No major traffic citations or incidents. Major Citations are as follows:

- Driving Under the Influence
- Driving While Impaired
- Driving in Possession of Alcohol or Drugs
- Refusal to submit a blood, urine, or breath test
- Driving with a suspended or revoked license
- A Felony in which a vehicle is used. (i.e. Vehicular Manslaughter, Vehicular Homicide, Vehicular Assault, Hit & Run, eluding a peace officer)
- Reckless Driving
- Careless Driving
- Driving over 100MPH; Speed Contest; Racing

5. OTHER CONSIDERATIONS: The Named Insured agrees that no employee or prospective employee will be allowed to operate an automobile on behalf of the Named Insured if the said employee or prospective employee does not comply with the following:
  - Driver must be at least 18 years of age with a minimum of two years driving experience and hold a valid drivers license for the residing state.
  - If the driver has a violation for driving without current vehicle registration, a current license, or current insurance; then that driver must have the insurance checked every 3 months for 2 years.
  - All vehicles driven on behalf of the Insured meet the state's safety requirements.
  - No driver shall under any circumstance carry passengers in/on the vehicle during deliveries.

- A driver charged with any ***MAJOR*** citation will be suspended from driving duties until all charges have been dismissed or a judgment is entered in favor of the driver. Until this is resolved, the driver may not drive.
  - Any driver observed driving in an unsafe manner or driving an unsafe vehicle will be barred immediately from driving duties.
6. The Named Insured agrees he/she does not advertise to the buying public or stipulate to his drivers that the delivery be accomplished within a specified time of receiving an order.
  7. The Named Insured agrees he/she/or appointed party will keep accurate records of delivery receipts.

I have read this NAMED INSURED WARRANTIES FOR THE OEPRATIONS OF AUTOMOBILES in its entirety and agree on behalf of all insured, to comply with all of its terms and conditions:

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Signature of Insured or Officer of Insured Entity

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Print Name

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Title

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Date