



**ONE RISK GROUP, LLC**  
*One Risk Management  
 And Insurance Services, LLC*

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**Insurance unlike anyone.**  
 www.oneriskgroup.com  
 License No: 0G66614

## Restaurant Program Information

### BASIC ACCOUNT INFO

COMPANY NAME		WEBSITE	
MAILING ADDRESS			
LOCATION ADDRESS (IF DIFFERENT)			
CONTACT NAME	PHONE	FAX	EMAIL
FEIN	# OF YEARS IN BUSINESS	ENTITY TYPE (CORPORATION, LLC, ETC.)	
DESCRIBE TYPE OF RESTAURANT (FAMILY, FINE DINING, COUNTER, BAR/LOUNGE)			
PRIOR CARRIER INFO (NAME OF INSURANCE COMPANY, POLICY # & EXPIRATION DATE)			

### RESTAURANT

LIQUOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	% OF REVENUES	SEPARATE LOUNGE YES <input type="checkbox"/> NO <input type="checkbox"/>	BEER <input type="checkbox"/>	WINE <input type="checkbox"/>	FULL BAR <input type="checkbox"/>
AVERAGE ENTRÉE PRICE	24 HOUR OPERATION YES <input type="checkbox"/> NO <input type="checkbox"/>	TAKE OUT YES <input type="checkbox"/> NO <input type="checkbox"/>	% OF OPERATIONS		
CATERING YES <input type="checkbox"/> NO <input type="checkbox"/>	% OF REVENUES	DESCRIBE CATERING (CHECK ALL THAT APPLY) DELIVERY <input type="checkbox"/> SET UP <input type="checkbox"/> SERVE <input type="checkbox"/> TEAR DOWN <input type="checkbox"/>			
ESTIMATED ANNUAL SALES					
FOOD _____		LIQUOR _____		OTHER (PLEASE DESCRIBE) _____	
VALET PARKING YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, ARE OPERATIONS SUBCONTRACTED OUT? YES <input type="checkbox"/> NO <input type="checkbox"/>	# OF VALETS:	DELIVERY YES <input type="checkbox"/> NO <input type="checkbox"/>	RADIUS OF DELIVERY AREA	ATTACH LIST OF VEHICLES AND/OR DRIVERS IF APPLICABLE
# OF EMPLOYEES					
HOSTS _____		WAIT STAFF _____		CHEFS _____ BARTENDERS _____	
IS THERE ENTERTAINMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PROVIDE DETAILS:				IS THERE A DANCE FLOOR? YES <input type="checkbox"/> NO <input type="checkbox"/>

### PROPERTY EXPOSURE (FOR MULTIPLE SITES, PLEASE COMPLETE 1 SHEET PER LOCATION)

BUILDING LIMIT	CONTENTS LIMIT		
ANNUAL BUSINESS INCOME / EXTRA EXPENSE LIMIT	OTHER COVERAGE LIMIT		
CONSTRUCTION TYPE			
# OF UNITS	# OF STORIES	SQ. FT. OCCUPIED BY YOU	TOTAL BLDG. SQ. FT.
YEAR BUILT	YEAR OF IMPROVEMENTS: HVAC _____ PLUMBING _____ WIRING _____ ROOF _____		
% OF BUILDING OCCUPIED	OCCUPANCY (i.e. Office, Apartments, etc.)	ARE THERE ANY OTHER TENANTS? (If yes, list)	
% SPRINKLERED	SMOKE DETECTORS YES <input type="checkbox"/> NO <input type="checkbox"/>	FIRE EXTINGUISHERS YES <input type="checkbox"/> NO <input type="checkbox"/>	
BURGLAR ALARM (TYPE) CENTRAL STATION <input type="checkbox"/> W/KEYS <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> NONE <input type="checkbox"/>	FIRE ALARM (TYPE) CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> NONE <input type="checkbox"/>		
IS THE HOOD/KITCHEN CLEANING PERFORMED BY A SUBCONTRACTOR/3 <sup>RD</sup> PARTY? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHAT IS THE ANNUAL COST?	# OF TIMES PER YEAR CLEANED	

### WORKERS' COMPENSATION (ATTACH ADDITIONAL LISTS AS NECESSARY)

ESTIMATED ANNUAL PAYROLL	# OF EMPLOYEES FT: _____ PT: _____	DO YOU HAVE EMPLOYEES EXCLUSIVELY IN A CLERICAL ROLE? IF SO PROVIDE ESTIMATED PAYROLL.
OWNERSHIP INFO (FULL NAME, TITLE,% OF OWNERSHIP, INCLUDED OR EXCLUDED FOR COVERAGE)		

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO ONE RISK GROUP, LLC ALONG WITH 4-YEARS OF CURRENTLY VALUED LOSS RUNS**

INSURANCE BROKERAGE

RISK MANAGEMENT

BUSINESS ADVISORY