

# TOKIO MARINE HCC RESTAURANT RECOVERY INSURANCE



PROVIDED FOR MEMBERS OF THE SONIC FRANCHISE ASSOCIATION

ID CODE: \_\_\_\_\_

INSURED MEMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

TOTAL NUMBER OF SONIC FRANCHISED LOCATIONS: \_\_\_\_\_

NUMBER OF NEW LOCATIONS EXPECTED TO OPEN IN THE NEXT 12 MONTHS: \_\_\_\_\_

RISK MANAGER NAME: \_\_\_\_\_

RISK MANAGER PHONE: \_\_\_\_\_ RISK MANAGER EMAIL: \_\_\_\_\_

ESTIMATED FOOD AND BEVERAGE GROSS ANNUAL REVENUES: \_\_\_\_\_

ESTIMATED FOOD AND BEVERAGE GROSS ANNUAL REVENUE AT LARGEST LOCATION: \_\_\_\_\_

HAVE YOU EXPERIENCED EITHER OF THE FOLLOWING WITHIN THE LAST FIVE (5) YEARS?

HAD A FOOD BORNE ILLNESS/MALICIOUS TAMPERING INCIDENT? Y  N

CITED/FINED OR CLOSED BY ANY PUBLIC HEALTH AUTHORITY OR CIVIL AUTHORITY? Y  N

IF YES TO EITHER OF THE ABOVE PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

ELECT TO PURCHASE COVERAGE FOR ACTS OF TERRORISM FOR A PROSPECTIVE PREMIUM OF 5% OF TOTAL PREMIUM USD (REFER TO NOTICE OF TERRORISM INSURANCE HCCPN-1) Y  N

NAMED INSURED SIGNATURE AND TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_