

# BWNFA New Business Questionnaire



Please complete and return to:

BWNFA Insurance Services Team  
 Email: memberservices@namgllc.com  
 Phone: 1-866-402-7952  
 Fax: 678-797-5170



Owner (Individual Name): \_\_\_\_\_

Legal Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Fax Number: \_\_\_\_\_

Current Insurance Broker: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Federal Employer's ID Number: \_\_\_\_\_ Years of experience in business: \_\_\_\_\_

## GENERAL QUESTIONS

	Yes	No
Does applicant own, operate or lease watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant own, operate or lease aircraft? If yes, we can obtain separate aviation insurance with underwriting information.	<input type="checkbox"/>	<input type="checkbox"/>
Is applicant engaged in any other type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Any prior coverage declined/cancelled/non-renewed within the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you filed for bankruptcy or reorganization within the last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
Explain all "Yes" answers: _____		
_____		

- Additional Information Needed:**
1. 5 years of loss runs (3 years minimum) – Loss Runs from each carrier(s) to be currently valued (last 60 days) and include each claim with financial information (amount paid, reserved, etc.)
  2. Provide copy of policy declarations pages for all current policies
  3. Copy of current workers compensation experience rating worksheet or authorization to access online

\_\_\_\_\_  
 Name / Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

STORE SPECIFIC INFORMATION		
	Location 1	Location 2
Entity Name and Complete Address		
County		
Type of Store (i.e., Freestanding, Strip Mall)		
Construction Type – Brick or Frame		
Year Built		
Square Footage		
Automatic Sprinkler Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Store Hours • Restaurant		
Distance to Coast		
Replacement Cost	Building (Net of Land)	\$
Total Annual Sales	Contents – including Computer Equipment (Net of Franchise Fee)	\$
	Restaurant	\$
	• Liquor	\$
Number of:		
• Deep Fat Fryers		
• Ranges		
• Broilers		
• Ovens		
• Grills		
• Employees		
Fuels:	<input type="checkbox"/> Gas <input type="checkbox"/> Electric _____ <input type="checkbox"/> Oil (give details)	<input type="checkbox"/> Other <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Electric _____ <input type="checkbox"/> Oil (give details)
Systems cleaned and serviced in past six (6) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Under contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written enforced policy on checking ID's and handling intoxicated customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all servers trained in a responsible alcohol service training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a liquor claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**STORE SPECIFIC INFORMATION (PLEASE USE ADDITIONAL PAGES IF YOU HAVE MORE THAN FOUR LOCATIONS.)**

		Location 3	Location 4
Entity Name and Complete Address			
County			
Type of Store (i.e., Freestanding, Strip Mall)			
Construction Type – Brick or Frame			
Year Built			
Square Footage			
Automatic Sprinkler Protection		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Store Hours • Restaurant			
Distance to Coast			
Replacement Cost	Building (Net of Land)	\$	\$
	Contents – including Computer Equipment (Net of Franchise Fee)	\$	\$
Total Annual Sales			
• Restaurant		\$	\$
• Liquor		\$	\$
Number of:			
• Deep Fat Fryers			
• Ranges			
• Broilers			
• Ovens			
• Grills			
• Employees			
Fuels:		<input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Electric _____ <input type="checkbox"/> Oil      (give details)	<input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Electric _____ <input type="checkbox"/> Oil      (give details)
Systems cleaned and serviced in past six (6) months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Under contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written enforced policy on checking ID's and handling intoxicated customers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all servers trained in a responsible alcohol service training program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a liquor claim?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**STORE SPECIFIC INFORMATION (PLEASE USE ADDITIONAL PAGES BELOW IF YOU HAVE MORE THAN FOUR LOCATIONS.)**

		Location [ ]	Location [ ]
Entity Name and Complete Address			
County			
Type of Store (i.e., Freestanding, Strip Mall)			
Construction Type – Brick or Frame			
Year Built			
Square Footage			
Automatic Sprinkler Protection		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Store Hours • Restaurant			
Distance to Coast			
Replacement Cost	Building (Net of Land)	\$	\$
	Contents – including Computer Equipment (Net of Franchise Fee)	\$	\$
Total Annual Sales			
• Restaurant		\$	\$
• Liquor		\$	\$
Number of:			
• Deep Fat Fryers			
• Ranges			
• Broilers			
• Ovens			
• Grills			
• Employees			
Fuels:		<input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Electric _____ <input type="checkbox"/> Oil      (give details)	<input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Electric _____ <input type="checkbox"/> Oil      (give details)
Systems cleaned and serviced in past six (6) months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Under contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written enforced policy on checking ID's and handling intoxicated customers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all servers trained in a responsible alcohol service training program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a liquor claim?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

