

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: hospitality@tottengroup.com Website: www.tottengroup.com

Restaurant Recovery Insurance

SHORT FORM PROPOSAL FOR INDICATION PURPOSES

Proposer: _____ Trade Name: _____

Address: _____ Total # of Locations: _____

Owned: _____ Franchised: _____

Risk Manager Name: _____

Risk Manager Phone Number: _____

Risk Manager Email Address: _____

Type: Fast Food Casual Dining Fine Dine Buffet Other

Est. Gross Annual Revenues: \$ _____ Est. Largest Location: \$ _____

Have you experienced either of the following within the last five (5) years?

• Had a food borne illness / accidental malicious tampering incident? Y N

• Been cited / fined or closed by any public health authority or civil authority? Y N

• If **YES** to either of the above please describe: _____

NOTE: This indication is subject to receipt of a fully completed, signed and dated application.

Applicant's signature: _____ Title: _____

Print Name: _____ Date: _____