



HARVEY'S FRANCHISE INSURANCE PROGRAM

To obtain a quotation for your Harvey's please complete & return to:



THE MITCHELL & ABBOTT GROUP

Suite #305, 393 Rymal Road West, Hamilton, Ontario L8V 5C4
Tel: 1-800-463-5208 (Ontario) 1-800-461-9462 (Canada) Fax: 905-574-1211

Name of Applicant: _____ Store #: _____

Store Address: _____

City: _____ Province: _____ Postal: _____

Tel: _____ Fax: _____ E-Mail: _____

Mailing Address: _____
(if different from store address)

Contact Name: _____ Cell: _____

Name & Address of Mortgagees/Lienholders: _____

Additional Insured: _____

BUILDING

- Single Building
- Multi Unit/Strip Mall
- Enclosed Mall/Food Court
- Square Footage _____

CONSTRUCTION

- Frame/Brick Veneer
- Masonry
- Non-Combustible
- Fire Resistive
- Age _____

FIRE PROTECTION

- Within 500 ft of Fire Hydrant?
- Within 3 miles of Fire Hall?
- Building Sprinklered?

ALARM SYSTEM (Check one)

- Central Station
- Monitoring Station
- Local
- Burglar
- Fire
- ULC

CHECK ALL THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> Motion Detectors? | <input type="checkbox"/> Harvey's |
| <input type="checkbox"/> Smoke/Heat Detectors | <input type="checkbox"/> Harvey's Serving Swiss Chalet |
| <input type="checkbox"/> Alarm Line Security? | |
| <input type="checkbox"/> Open 24 hours? | |
| <input type="checkbox"/> Surveillance Cameras? | |
| <input type="checkbox"/> Money Safe? Class _____ | <input type="checkbox"/> Auto Fire Extinguishing System (Kitchen) |
| <input type="checkbox"/> Daily Deposits? | <input type="checkbox"/> Semi-Annual Maintenance Contract |
| If not, how frequent _____ | <input type="checkbox"/> Fire Extinguishers |
| <input type="checkbox"/> Employees covered by _____ | <input type="checkbox"/> Filters, Hoods, Ducts Cleaned? |

Describe the type of businesses on each side of your store:

1. _____
2. _____

Present Insurance:

Company Name: _____ Policy #: _____

Expiry Date: _____ Premium: _____

Claims History (last 5 years)

1. _____
2. _____
3. _____

INSURANCE VALUES:

STOCK: Wholesale Value: \$ _____

LEASEHOLDS: Replacement Value: \$ _____

EQUIPMENT: (includes furniture, store fixtures, computers, cash registers, office supplies, racks, shelves & generally all contents NOT mentioned above) Replacement Value: \$ _____

BUILDING: (if owned by you or you are required to insure under a Lease or Franchise Agreement) Replacement Value: \$ _____

OTHER: Replacement Value: \$ _____

MONEY: Maximum amount during business hours \$ _____

Maximum amount on premises overnight \$ _____

Gross Annual Sales Eat-In \$ _____

Take-Out \$ _____

Liquor \$ _____

Signature of Applicant: _____ Date: _____