



KELSEY'S FRANCHISE INSURANCE PROGRAM

To obtain a quotation for your Kelsey'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 _____

FIRE PROTECTION

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

CHECK ALL THAT APPLY

- Motion Detectors?
- Smoke/Heat Detectors
- Alarm Line Security?
- Surveillance Cameras?
- Money Safe? Class _____
- Daily Deposits?
If not, how frequent _____
- Employees covered by WSIB

CONSTRUCTION

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

ALARM SYSTEM

- Central Station Burglar
- Monitoring Station Fire
- Local ULC

- Liquor License
- Employees "Smart Serve" trained?
- Delivery?
- Hours of operation _____
- Auto Fire Extinguishing System (Kitchen)
- Semi-Annual Maintenance Contract
- Fire Extinguishers
- 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: _____