



# MONTANA'S FRANCHISE INSURANCE PROGRAM

To obtain a quotation for your Montana'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  Age \_\_\_\_\_
- Masonry
- Non-Combustible
- Fire Resistive

### FIRE PROTECTION

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

### ALARM SYSTEM

- Central Station  Burglar
- Monitoring Station  Fire
- Local  ULC

### 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

- 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: \_\_\_\_\_