



Subway Gold Standard Insurance Program Required Underwriting Information

Name of your Company: _____

Your Name: _____

Subway Store No.: _____

Store Phone No.: _____

Fax No.: _____

Cell/Pager No.: _____

Home Phone No.: _____

Email Address: _____

When do you require coverage to start: _____

Subway Location Address: _____

Mailing Address (if different): _____

Development Agent: _____

Landlord's Name & Address: _____

(Please attach a copy of the insurance requirements in your lease)

Loss Payee(s) Name & Address: _____

(Your Bank if you have a loan secured by the Subway Lease)

Claims Experience (past 5 years): _____

We require the date of loss, a description of the loss and the amount paid out - attach a separate sheet if necessary

Please Indicate which deductible you would like: \$500.00 \$1,000.00

(\$500. deductible NOT available unless the answer is "YES" to all of the Security Details below)

SECURITY DETAILS

Do you have a Monitored Burglary Alarm System:	Yes	No	Does your safe meet Subway Guidelines:	Yes	No	Is the Safe Bolted to Floor:	Yes	No
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ADDITIONAL INFORMATION

Years of Experience in this Business:	Largest Amount of Daily Cash on Hand: \$
Will you do any catering: Yes No	Number of employees: Full time Part time
Estimated Gross Sales for coming year:	Do you do any Deep Fat Frying: Yes No

LIMITS REQUIRED

Building (if applicable):	\$	Age of Building:
Equipment, Stock, Tenants Improvements:	\$	
Signs and/or Awnings	\$	
Laptop Computers and/or Mobile Equipment:	\$	

NOTE: COVERAGE CANNOT BE BOUND WITHOUT A FULLY COMPLETED AND SIGNED APPLICATION

Do you own other Subway locations insured through Metrix. If yes, please provide store numbers:

Date: _____

X _____

Signature of Applicant

Fax 604-683-8032

IMPORTANT

PAYMENT IS DUE IN FULL NO LATER THAN TEN (10) DAYS FROM THE EFFECTIVE DATE OF COVERAGE.

IF PAYMENT IS NOT RECEIVED, YOUR COVERAGE WILL BE CANCELLED FOR NON-PAYMENT

CREDIT CARD AUTHORIZATION

(all information must be provided to process payment)

Subway Store No.: _____

Metrix Account No.: SUB _____ (if known)

Please CHECK one: MASTERCARD

 VISA

Card No.: _____

Expiry Date: _____

Amount: _____

Cardholder: _____

I hereby authorize Metrix Professional Insurance Brokers to process my insurance premium on the above noted card.

Signature: _____

Date: _____

Phone No.: _____

Email: _____

Complete and send to:

METRIX PROFESSIONAL INSURANCE BROKERS

Dave Anderson, Program Administrator

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