



TOKIO MARINE
HCC

Specialty Group

37 Radio Circle Drive
Mount Kisco, New York 10549
Tel: 914-241-8900 Fax: 914-244-0405
E-mail: RRI@tmhcc.com

Restaurant Recovery Insurance Short Form Proposal for Indication Purposes

NOTICE: THIS INDICATION IS SUBJECT TO RECEIPT OF A FULLY COMPLETED, SIGNED AND DATED RRI APPLICATION.

Send us your submissions through our new online quotation portal: <https://restaurantrecoveryinsurance.com>

Anticipated Effective Date _____

Applicant _____

Trade Name _____

Mailing Address _____

Total number of locations _____ Owned _____ Franchised _____

Number of new locations expected to open in the next twelve (12) months _____

Expected opening date, city and state of new location(s)

Risk manager name _____

Risk manager phone _____ Risk manager e-mail _____

Type: Fast food Casual dining Fine dining Buffet Other _____

Estimated food and beverage gross annual revenues \$ _____

Estimated food and beverage GAR largest location \$ _____

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

- Had a food borne illness/malicious tampering incident? Yes No
- Been cited/fined or closed by any public health authority or civil authority? Yes No

If yes to either of the above, please describe

Elect to purchase coverage for acts of terrorism for a prospective premium of 5% of total premium USD (Refer to Notice of Terrorism Insurance LMA9104) Yes No

Signature of Applicant _____

Title _____

Print name _____

Date _____