

# The BOP

**PREFERRED MUTUAL**  
INSURANCE COMPANY

Security. Vision. Strength.®

# Restaurant Program

*Quality insurance solutions for your dining establishment.*



***Call or email us today for a quote!***

New Bedford (508)999-1236  
Fall River (508)678-9068

info@NetoInsurance.com  
www.NetoInsurance.com

## **As a Preferred Mutual Policyholder you will receive...**

Preferred Mutual offers our policyholders the best products and service in the industry like:

- Superior Claims Service
- First Class Customer Service
- Convenient Payment Options
- Many other insurance products to fit your needs! Visit [preferredmutual.com](http://preferredmutual.com) for more information.

## **About Preferred Mutual**

- Preferred Mutual primarily underwrites personal and commercial insurance in New York, New Jersey, Massachusetts and New Hampshire.
- Preferred Mutual is rated **"A" (Excellent)** by A.M. Best Company
- Preferred Mutual is also named to the 2011 Ward's 50 group of top performing property-casualty companies.

## **Family Style • Fine Dining • Limited Cooking**

Protect your restaurant with coverage that's tailored to meet your specific business needs.

### **Our Program features:**

- Competitive Insurance Pricing
- Lost Income Coverage For Up To 18 Months
- Full Liquor Liability Options
- On Site Loss Prevention Services
- Umbrella Protection Options

### **Enhance your protection with Preferred Mutual's *Restaurant Advantage*:**

- Food Contamination Coverage
- Food Spoilage
- Utility Services Interruption Coverage
- Identity Fraud Expense
- Exterior Signs
- Sewer & Drain Backup Protection
- And many more!

*See reverse side to fill out our quick eligibility questionnaire!*



# PREFERRED MUTUAL

## INSURANCE COMPANY

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### BOP Restaurant Program

*Please fill out the quick eligibility questionnaire below and return it to your local agent to see if you qualify! It's that easy!*

1. Name: \_\_\_\_\_

2. Circle liability limits desired:

\$300,000/\$600,000      \$500,000/\$1,000,000      \$1,000,000/\$2,000,000      \$2,000,000/\$4,000,000

3. If Liquor Liability is desired, please circle limit requested:

\$300,000      \$500,000      \$1,000,000

4. Any liquor served on premises?      Yes ☐      No ☐

5. What are your total gross sales for a 1 year period?

6. What portion of total sales is derived from liquor sales?

7. Location of Building:      Street #/Name \_\_\_\_\_

City/State/Zip/County \_\_\_\_\_

8. Is your building within 1000 ft. of a fire hydrant?      Yes ☐      No ☐

9. Who is your responding fire department? \_\_\_\_\_

10. Circle requested deductible:

\$500      \$1,000      \$2,500      \$5,000      \$7,500      \$10,000

11. Building limit needed (leave blank if you do not own the building): \_\_\_\_\_

12. Total value of all business property including inventory: \_\_\_\_\_

13. Circle construction type:

Frame	Joisted Masonry
Non-Combustible	Masonry Non-Combustible
Modified Fire Resistive	Fire Resistive

14. Approximate year of construction: \_\_\_\_\_

15. Total area of building (if structure owned by applicant): \_\_\_\_\_

16. Square Foot area of restaurant or establishment: \_\_\_\_\_

17. Circle all applicable protective devices in the building:

Sprinkler system throughout structure	Central Station Fire Alarm
Perimeter Lighting	Local Fire and Burglar Alarm (outside bell)
Central Station Burglar Alarm	Other:

18. If you own the building, please list all occupants and square feet of area occupied by each:

\_\_\_\_\_  
\_\_\_\_\_