

PrimoHoagies Official Insurance Program Application

Sole Franchisor-Endorsed Program managed by the JA Mariano Agency

Applicant Information

Contact Name _____ Phone _____
 Company Name _____ Fax _____
 Mailing Address _____ Email _____
 City, State, Zip _____ Cell _____

Location(s)

_____ <i>Address</i> _____ <i>City, State</i> Do you? <input type="checkbox"/> Own <i>or</i> <input type="checkbox"/> Rent Year Built _____ Square Feet _____ Gross Receipts _____ # of Workers _____ Annual Payroll _____	_____ <i>Address</i> _____ <i>City, State</i> Do you? <input type="checkbox"/> Own <i>or</i> <input type="checkbox"/> Rent Year Built _____ Square Feet _____ Gross Receipts _____ # of Workers _____ Annual Payroll _____	_____ <i>Address</i> _____ <i>City, State</i> Do you? <input type="checkbox"/> Own <i>or</i> <input type="checkbox"/> Rent Year Built _____ Square Feet _____ Gross Receipts _____ # of Workers _____ Annual Payroll _____
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Liability & Property

Effective Date _____ / _____ / _____ to _____ / _____ / _____
 Limit of Insurance **\$1,000,000 Occ / \$2,000,000 Agg** *or* _____
 Property Deductible **\$500** *or* \$1,000 \$2,500 \$5,000 _____
 Equipment **\$50,000** *or* _____
 Personal Property / Stock **\$25,000** *or* _____
 Site Improvements **\$15,000** *or* _____
 Spoilage & Contamination **\$ 5,000** *or* _____
 Business Income Actual Loss Sustained up to 12 months including Extra Expense
 Employment Practices **\$50,000** *or* _____ / Deductible **\$1,000** *or* _____
 Commercial Umbrella **\$1,000,000** *or* \$2,000,000 \$3,000,000 _____

***This application does not constitute a policy and eligibility into the program is not guaranteed.
 Quotations will be provided within 24 hours of receipt of a completed application.***

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Commercial Automobile(s)

Effective Date ___ / ___ / ___ to ___ / ___ / ___

Limit of Insurance **\$1,000,000** or _____

Delivery? Yes No If "Yes", Radius? _____ miles

_____ <i>Year, Make, Model</i>	_____ <i>Year, Make, Model</i>	_____ <i>Year, Make, Model</i>
_____ <i>VIN</i>	_____ <i>VIN</i>	_____ <i>VIN</i>
_____ <i>Garaging City/State</i>	_____ <i>Garaging City/State</i>	_____ <i>Garaging City/State</i>
Full Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Deductible _____	Deductible _____	Deductible _____
Cost New _____	Cost New _____	Cost New _____

Workers Compensation

Effective Date ___ / ___ / ___ to ___ / ___ / ___

Federal ID Number _____ - _____

Limit of Insurance **\$500,000 / \$500,000 / \$500,000** or _____

Classes & Payrolls Deli \$ _____ Clerical \$ _____

Coverage for Owners Yes No (*coverage is required if a NJ corporation*)

Current Carrier(s) & Claims

	Carrier Name	Policy #	Expiration	Premium
Liability & Property	_____	_____	_____	_____
Commercial Auto	_____	_____	_____	_____
Workers Comp	_____	_____	_____	_____
Umbrella	_____	_____	_____	_____
Any Claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", a loss history must be provided prior to quoting.</i>			

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