



Subway Franchise Quote Request form

First Name:		Last Name:		Date:		
Name Insured on Policy:						
Mailing Address:				City:	State: Zip:	
Phone #:		Fax:		Email:		
Number of stores owned:		Years of ownership:		<i>Please check one</i> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other		
Store#	Store Location/Address:			*Note: Please complete a separate form per additional store.		
	Street:			City:	State: Zip:	
No. of Employees		Annual Gross Payroll:	Annual Gross Sales:		Building Values (if applicable)	
Part-time: Full Time:						
Contents Value - Replacement Costs						
Equipment:		Improvement/Betterments:		Furniture/Fixtures:	Stock Inventory value:	
Square Footage:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Hours of Operation:	Type of construction: <input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Joisted-Masonry/Non-Combustible		No. of Stories:	Age of Building:
Occupancy: <input type="checkbox"/> Stand Alone Store <input type="checkbox"/> Mall <input type="checkbox"/> Strip Mall <input type="checkbox"/> Other (please specify)			Update of system please include dates:			Protection(Sprinklers):
			<input type="checkbox"/> Plumbing		<input type="checkbox"/> Roof	
			<input type="checkbox"/> Electric		<input type="checkbox"/> Other	
Exposure (Neighbors):			Security System: <input type="checkbox"/> Alarms <input type="checkbox"/> Cameras <input type="checkbox"/> Other			
Development Agent's Name/Address:			Expiration Dates:			
			BOP - GS:	Workman's Comp:	Other: (please specify)	
Landlord's name and address:			3 Years of claim data:			
Any Delivery and if so percentage of annual sales:			Loss Payee:			

***Note: If you have additional stores you wish to include on policy, a spread sheet containing the above complete information per store location may also be attached to this form.**



Coverage Checklist

I acknowledge that the Gold Standard Insurance Program requires that I purchase certain minimum limits of liability insurance. Under the terms of the program, I am not required to purchase any particular level of property or additional coverage but, instead must seek a level of protection based on the geographic location, size, sales volume, value of contents and any other attributes that are specific to my business operations.

Further, I have read the terms of my lease and understand my landlord may have insurance requirements not necessarily satisfied by the Gold Standard Insurance Program. It is my responsibility to ensure that the terms of my lease including specified insurance coverage and limits are satisfied. I have discussed these matters with my insurance broker.

I have discussed coverage options with my insurance broker and having been fully informed and advised elect to accept or decline the following coverage for my SUBWAY® Restaurant(s):

I hereby elect to: (please check one)

- | | | |
|---|---------------------------------|----------------------------------|
| Earthquake: | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Flood: | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Wind: | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Builders Risk: | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Replacement Cost: | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Stand Alone Commercial Auto: | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Increased Food Spoilage Limits: | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Extra Income and Business Expense: | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |

Application Prepared by:

Signature:

Date: