

**Quizno's Insurance Program
Required Underwriting Information
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IMPORTANT: the completion of this application does not determine if coverage is in force. You must receive a signed certificate from Shaw Sabey & Associates Ltd. as confirmation. If any portion of this application is incomplete it will delay the quotation process. This is a TWO-page application.

Store No.: _____ Mailing Address: _____

Expiry date of your current policy: _____

Name of the current Insurance Company: _____

Your Company Name: _____

Contact at Company: _____

(please provide your name, phone & fax numbers and email address)

Location Address: _____

Landlords Name: _____

Landlords Address: _____

Loss Payee(s) Name: _____

Loss Payee(s) Address: _____

(please include Loss Payee(s) phone & fax numbers)

Does the Landlord and Loss Payee(s) require a certificate of insurance? _____ Yes _____ No

BUILDING DETAILS:

Building Construction: Frame ___ Concrete ___ Hollow Concrete Block ___ Other _____

Age of Building: _____ If OVER 25 years, you must ;provide the year of updates and the extent of the renovations for:

Roof: _____ Plumbing: _____ Electrical: _____ (should be circuit breaks, if not please describe in full: _

Is unit sprinklered? ___ Yes ___ No Number of Stories: _____ Basement? ___ Yes ___ No

How many square feet of space to you occupy? _____ Sf

Do you own the building? ___ Yes ___ No

Other occupants of the building? _____

What other neighboring buildings or properties are located beside you?

Right Side: _____ Left Side: _____

Back: _____ Front: _____

Are you subleasing any space to a sub-tenant? ___ Yes ___ No If yes, please provide a copy of the sub-tenant's insurance certificate verifying they have coverage in force.

All insurance carried must comply with the original lease requirements. Please have your company's name added to the sub-tenant's insurance as an additional insurance.

Name of sub-tenant: _____

Operations of sub-tenant: _____

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SECURITY

What type of locks are on your exterior doors? (Should be deadbolt or better) _____
Do you have any "metal plates" covering the door locks to avoid usage of a crowbar? ___ Yes ___ No
Type of Alarm: Fire _____ Burglar: _____ Make: _____ Model: _____
Is it Monitored? ___ Yes ___ No If yes, please provide a copy of the monitoring certificate.
Name of burglary alarm monitoring company: _____

BUSINESS EXPERIENCE:

Years of experience in this business _____ Years in the food industry: _____
No. of years as an owner _____ No. of years as a manager _____ If your experience is other than that of an owner and/or manager please describe what experience you have in the food industry: _____
How many full and part time employees: _____ Full Time _____ Part Time
Estimated Gross Sales: \$ _____ Estimated Payroll: \$ _____
Will you do any catering? ___ Yes ___ No If yes, how often and what percentage of your gross sales will be derived from catering Quizno's Subs? _____%
Do you serve alcohol? ___ Yes ___ No
Cash Exposure: Type of safe _____ **No overnight on premises coverage unless stored in a Class II safe or better, bolted to the ground.**
Largest amount of daily cash on hand: \$ _____ How often do you make deposits? _____
Name and Location of financial institution: _____
What happens to the daily float when you close for the day? _____
Claims/Loss Experience: _____

(Please use a separate sheet to describe any losses you may have had whether or not they were covered by your insurance policy. A list of all losses for the past five years and losses over \$5,000 are required to be listed)

LIMITS REQUIRED

Building (if applicable) \$ _____
Equipment, Stock, Tenant's Improvements \$ _____ (\$250,000 automatically included in program. If higher limits are required, please indicate above)
Signs and/or Awnings \$ _____

Completed by: _____ Signature: _____
(print name)
Date Completed: _____

Complete and send fax to:
SHAW SABEY & ASSOCIATES LTD – Attention Karen McGee
Phone: 604-699-2271 **Fax: 604-331-0662**

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