Coffee PAK®

Submission Guidelines

General Information Needed:

- ACORD Forms
- Coffee PAK Supplement for each income generating location
- Loss runs and details for any claims
- If this is a newly formed entity, provide business plan or owners' resumes/proforma financials (In lieu of proforma financials, we will accept the prospect starting the new venture with private monies)
- Ownership/relationship for all named insureds (looking for common majority ownership between all named insureds)

For Commercial Auto Submission:

- Registration info for each vehicle
- FEIN
- Vehicle Usage
- Radius of Operation
- Current Driver List

For Package Submission:

- SOV for multi-location enterprises
- Break down estimated sales by location

PAK INSURANCE PROGRAMS®

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Phone: 888-386-5701

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COFFEE PAK INSURANCE PROGRAMS

COFFEE PAK SUPPLEMENTAL APPLICATION

Applicant/Insured Information

Applicant/Insured Name _____

Website _____

Main Contact _____ Title _____ Phone _____

Agency Name _____ Agency Contact _____ Phone _____

Federal Tax ID # _____ Year Established _____

Location Address _____

Total square footage of the building _____ Square footage occupied by you _____

If you are not the sole tenant, please describe other occupants _____

Owner's name(s) and background experience/information _____

Cafe Operations

Check all that apply: **Estimated Revenue**

☐ Café/Coffee or Tea Bar	$ _____
☐ Coffee Roasting	$_____
☐ Direct Importing	$_____
☐ Wholesale/Distributing	$_____
☐ E-commerce	$_____
☐ RTD Production	$_____
☐ Co-Packer/Contract Roasting	$_____
☐ Mobile Carts/Trailers	$_____
☐ Delivery	$_____
☐ Equipment Sales	$_____
☐ Equipment Service or Repair	$_____
☐ Shared/Ghost Kitchen	$_____
Total	$_____

Cafe Hours of Operation _____ to ____ Days of the Week _____ Seating Capacity _____

Building Update Years: Electrical _____ Plumbing _____ Heating _____ Roof _____

Age of Refrigeration Systems? _____ Are they on a maintenance contract? ☐ Yes ☐ No

Gas Detectors/Alarms Present? ☐ Yes ☐ No

Fire/Burglar Alarms Present? ☐ Yes ☐ No Central Station? ☐ Yes ☐ No

Business Personal Property (Replacement Cost)

Do you own the building? ☐ Yes ☐ No Are you responsible for insuring the building? ☐ Yes ☐ No

Tenant Improvements & Betterments $_____

*Value of equipment (bolted to the ground) $_____

*Value of equipment (Not bolted to the ground) $_____

Value of Raw Material and inventory on hand (on average) $_____

Value of Other Property (desks, computers, other items not included above) $_____

Total Business Personal Property $_____

Do you hire others to transport your products? ☐ Yes ☐ No If Yes, please provide the Name of Company _____

Do you transport your own products? ☐ Yes ☐ No

Do you plan on conducting any special events in the upcoming twelve months? ☐ Yes ☐ No

If yes, please provide date and description of events (if known) _____

Are tours offered? ☐ Yes ☐ No If yes, please describe safety measures taken (waiver signed, employee led, if personal protective equipment is needed or issued). _____

_____

Do you batch test for quality control? ☐ Yes ☐ No

If a recall is necessary, do you keep the proper records to assist in a recall? (please briefly describe records kept, labeling process, etc) _____

How do you monitor hot beverage temperatures? _____

Does the applicant feature any entertainment? ☐ Yes ☐ No

If yes, describe _____

Completed by_____ Date _____