



DAIRY QUEEN®
OPERATORS'
ASSOCIATION,
INC.

DAIRY QUEEN SHORT FORM APPLICATION

General Information:

IDQ Franchise #		Location #	(provide separate applications for each location)		
Legal name of Franchise					
Entity Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	Requested Effective Date
Contact Name			Years in Business		Years of Experience
Location Address					
Mailing Address (if different)					
Phone			Fax		
Email			Federal Tax Identification Number		

Workers Compensation:

State Employer ID# (NJ, IN, MN)		Annual Payroll	\$	Exp Mod	
No. of Employees		Under 16/Over 70		Is owner's salary included in payroll?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Store Information

Type of Franchise	<input type="checkbox"/> DQ Brazier	<input type="checkbox"/> Grill & Chill	<input type="checkbox"/> Orange Julius	<input type="checkbox"/> Soft Serve/Cakes/Treats	<input type="checkbox"/> Karmel Korn
Construction	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Masonry/Wood Frame (JM)	<input type="checkbox"/> Masonry/Metal Frame (MNC)	Hours of Operation	
Yr Built		Date of Renovation & Type			
No. of Stories		Sq Ft		Seating Area Sq Ft	
<input type="checkbox"/> Alarm Central Station:		<input type="checkbox"/> Burglary	<input type="checkbox"/> Fire	<input type="checkbox"/> Sprinklered	<input type="checkbox"/> Playground
		<input type="checkbox"/> Walk-up Only	<input type="checkbox"/> Drive-Thru		
Do you:	<input type="checkbox"/> Own or	<input type="checkbox"/> Lease	the building?	Does your lease require you to insure the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Replacement Value	\$	Contents Replacement Value	\$	Signs on & off Premises	\$
Annual Sales	\$	% Hot Food		% Soft Serve/Cakes/Soft Drinks	
Is your store a seasonal store?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Precautions taken while closed			
Are you in a coastal state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of miles from ocean			
Has your insurance been cancelled/non-renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Business Owners Premium			
Current Insurance Company					
No. of Claims Last 3 Years		Amount Paid & Type of Claim			

Cooking Area Info

Is the hood & duct system equipped with non-combustible filters or a grease removal system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are filters cleaned daily & hood & ducts cleaned twice yearly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Automatic Extinguisher Serving Carrier	
Is there a service contract in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Service Date	
Does the automatic extinguishing system meet the UL300 standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the system	<input type="checkbox"/> Dry Chemical <input type="checkbox"/> Wet Chemical <input type="checkbox"/> Water Spray <input type="checkbox"/> Gaseous or Clean Agent
Is there an automatic fuel shut off?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many fire extinguishers do you have?	
How many are Class-K?	

Options Available

Do you own any other businesses in addition to Dairy Queen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Optional <u>Coverages</u> – Check to Add	<input type="checkbox"/> Employee Benefits Liability <input type="checkbox"/> Earthquake <input type="checkbox"/> Increased Liability \$2,000,000/\$4,000,000		
Optional <u>Policies</u> – Check to Add	<input type="checkbox"/> Umbrella Liability <input type="checkbox"/> Cyber Liability <input type="checkbox"/> Flood <input type="checkbox"/> Business Auto <input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Builders Risk – New Building or Renovation		

Please check here if you are interested in receiving information about our banking products

* Please note that this is a short form application. Additional information may be requested in order to provide you with a quote for coverage.

Fax To: 1.866.925.7116 or Email To: servicenow@bbandt.com

Questions: Call us at 1.888.780.8053