



DAIRY QUEEN®  
OPERATORS'  
ASSOCIATION,  
INC.

## DAIRY QUEEN SHORT FORM APPLICATION

IDQ Franchise # \_\_\_\_\_ Location # \_\_\_\_\_ (Provide separate applications for each location.)

Legal Name of Franchise: \_\_\_\_\_

General

Entity Type:  Individual  Partnership  Corporation  LLC Requested Effective Date \_\_\_\_\_

Contact Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fed Tax ID #: \_\_\_\_\_

WC

State Employer ID # (NJ, IN, MN) \_\_\_\_\_ Annual Payroll: \$ \_\_\_\_\_ Exp Mod: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Under 16/Over 70: \_\_\_\_\_ Is owner's salary included in payroll?  Yes  No

Type of franchise:  DQ Brazier  Grill & Chill  Orange Julius  Soft Serve/Cakes/Treats  Karmel Korn Hours of Operation: \_\_\_\_\_

Construction:  Wood Frame  Masonry/Wood Frame (JM)  Masonry/Metal Frame (MNC)

No. of Stories: \_\_\_\_\_ Yr Built: \_\_\_\_\_ Date of Renovation: \_\_\_\_\_ Sq Ft: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Alarm Central Station:  Burglary  Fire  Sprinklered  Playground  Walk-up Only  Drive-Thru

Do you  Own or  Lease the building? Does your lease require you to insure the building?  Yes  No

Building Replacement Value: \$ \_\_\_\_\_ Contents Replacement Value: \$ \_\_\_\_\_ Value of Signs on & off Premises: \$ \_\_\_\_\_

Annual Sales: \$ \_\_\_\_\_ % of Hot Food: \_\_\_\_\_ % Soft Serve/Cakes/Soft Drinks: \_\_\_\_\_

Is your store a seasonal store?  Yes  No Precautions taken while closed: \_\_\_\_\_

Are you in a coastal state?  Yes  No Number of miles from the ocean: \_\_\_\_\_

Has your insurance been cancelled/non-renewed?  Yes  No Current Business Owners Premium: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Claims last 3 years \_\_\_\_\_ Amount paid and type of claim \_\_\_\_\_

Store Info

Cooking Area Info

Is the hood and duct system equipped with non-combustible filters or a grease removal system?  Yes  No

Are filters cleaned daily and hoods & ducts twice yearly?  Yes  No

Name of automatic extinguisher system servicing carrier: \_\_\_\_\_

Is there a service contract in place?  Yes  No Last Service Date: \_\_\_\_\_

Does the automatic extinguishing system meet the UL300 standard?  Yes  No

Is the system  Dry Chemical  Wet Chemical  Water Spray  Gaseous or Clean Agent?

Is there an automatic fuel shut off?  Yes  No How many fire extinguishers do you have? \_\_\_\_\_ How many are **Class-K**? \_\_\_\_\_

Optional Coverages Available

Do you own any other businesses in addition to Dairy Queen?  Yes  No Describe: \_\_\_\_\_

Optional Coverages - Check to add: Employee Benefits Liability  Yes  No  
Earthquake  Yes  No  
Increased Liab \$2,000,000/\$4,000,000  Yes  No

Optional Policies - Check if interested: Umbrella Liability  Yes  No  
Flood  Yes  No  
Business Auto  Yes  No  
Employment Practices Liability  Yes  No  
Builders Risk - New Bldg or Renovation  Yes  No

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

Fax to: 1-866-925-7116

Email to: ServiceNow@BBandT.com

Questions - Call us at: 1-888-780-8053