

YouFeed, LLC
Chef's General Liability Insurance Questionnaire

Please complete this form and return it to

Laurie Winter
Smith Brothers Insurance
68 National Drive
Glastonbury, CT 06033

lwinter@smithbrothersusa.com
Direct Phone : 860-430-3266
Or 800-426-6946 x3266

Name (Individual)	
Business Name (If Applicable)	
Address	
City, State, Zip code	
Email	
Phone	

Required Information – All questions must be answered

Estimated Annual Sales (Auditable)	\$
Planned Hours of Operation for Delivery	
Planned Hours of Operation for Pickup at your premises	
Do you own or operate any other business under the same legal entity that will not be quoted on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details including any prior loss information.	
Has the applicant, a majority owner, partner, or member filed for bankruptcy in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance | Surety | Risk Management | Benefits | Financial

68 National Drive, Glastonbury, CT 06033 ■ PHONE 860-652-3235 FAX 860-652-3236 TOLL FREE 800-426-6946 ■ www.SmithBrothersUSA.com

Offices throughout Connecticut, Massachusetts, New Jersey, and New York

Please refer to our website for details on our Privacy Policy and Compensation Disclosure

Important Information

- You should review this operation with your insurance advisor to determine if coverage may be available and if any amendments are needed to your current personal insurance program. In addition, you should inquire with your insurance advisor if there are other insurance products you should be considering for the protection of your personal assets, such as Workers Compensation and damage to your property.
- You should review your agreement with YouFeed, LLC to ensure that you are in compliance with the insurance requirements.

Coverage and Premium Estimate

Coverage: General Liability Coverage (Bodily Injury and Property Damage coverage)	
Each Occurrence	\$1,000,000
General and Products Liability Combined Annual Aggregate	\$2,000,000
Damage to Rented Premises	\$1,000,000
Medical Payment Expense	\$5,000 Per Person
The policy issued in this program will include the following coverage amendments in favor of YouFeed, LLC	
<ul style="list-style-type: none"> ▪ Additional Insured ▪ Waiver of Subrogation 	
The following additional coverage options may be available for your consideration, check if interested:	
<ul style="list-style-type: none"> ▪ Cyber Privacy and Data Breach Liability ▪ Higher General Liability limits 	Please quote <input type="checkbox"/> Please quote <input type="checkbox"/>
Sample premium option for the State of WY	Insurance Carrier: Chubb Insurance
Estimated Sales of	Estimated Minimum Premium
Up to \$5,000	\$300
Up to \$25,000	\$400
The actual premium will be determined based upon your location and the estimated annual sales	
Premium payments will be due and payable to Chubb Insurance within 15 days	

Printed Name	
Applicant Signature	Date

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