



Subway Gold Standard Insurance Program Required Underwriting Information

Name of your Company: _____

Do you own/operate any other business under the above Name (other than Subway): YES NO

Your Name: _____ Subway Store No.: _____

Name(s) on Franchise Agreement: _____

Cell/Pager No.: _____ Store Phone No.: _____

Email Address: _____ Home Phone No.: _____

When do you require coverage to start: _____

Subway Location Address: _____

Mailing Address (if different): _____

Development Agent: _____

Landlord's Name & Address: _____

(Please attach a copy of the insurance requirements in your lease)

Loss Payee(s) Name & Address: _____

(Your Bank if you have a loan secured by the Subway Lease)

Claims Experience (past 5 years): _____

We require the date of loss, a description of the loss and the amount paid out - attach a separate sheet if necessary

Please Indicate which deductible you would like: \$500.00 \$1,000.00

(\$500. deductible NOT available unless the answer is "YES" to all of the Security Details below)

SECURITY DETAILS

Do you have a Monitored Burglary Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your safe meet Subway Guidelines: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Safe Bolted to Floor: <input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL INFORMATION

Years of Experience in this Business: _____	Largest Amount of Daily Cash on Hand: \$ _____
Will you do any catering: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees: Full time _____ Part time _____
Estimated Gross Sales for coming year: \$ _____	Do you do any Deep Fat Frying: <input type="checkbox"/> Yes <input type="checkbox"/> No

LIMITS REQUIRED

Building (if you require insurance on the building)	\$ _____	Complete separate Building Application
Equipment, Stock, Tenants Improvements:	\$ _____	← Include your POS in this amount
Signs and/or Awnings	\$ _____	
Laptop Computers and/or Mobile Equipment	\$ _____	This is for Equipment you take off the premises

NOTE: COVERAGE CANNOT BE BOUND WITHOUT A FULLY COMPLETED AND SIGNED APPLICATION

Do you own other Subway locations insured through Metrix. If yes, please provide store number(s): _____

Date: _____

X _____

Signature of Applicant