**Barbecue Team Quote Worksheet**

**Client Information**

Named Insured:

Team Name / DBA:

Street Address:

City: State: Zip Code:

Email: Phone:

Web Address:

**Coverage Effective date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BBQ Cooker’s Team Liability Coverage**

Required Limits: $1 million ☐ $2 million ☐

In the past five years, has the insured had a claim? Y\_\_☐\_ N\_\_☐\_

Number of BBQ events Insured will participate in during the Policy Period:

Does the Applicant or Team participate in Non BBQ Events (i.e. charity events, company events etc.?)

If so List Event:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event / Brief Description** | **Number of Days** | **Avg. Daily Attendance** | **Event Sponsor Provide Event Liability Insurance Covering the Team** | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Does applicant hire any subcontractors in conjunction with the events: Y☐\_ N ☐

Will all events occur in the U.S.? Y ☐ N ☐

Are Additional Insureds required? Y ☐ N ☐

**Optional Coverages**

Is Hired / Non-Owned Auto Required? Y ☐ N ☐

**BBQ Pit Smoker Inland Marine Coverage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Manufacturer** | **Model Name** | **Model Number** | **Model Year** | **Year Purchased** | **Price Paid** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Is the equipment garaged at the insured’s address? Y ☐ N ☐

If NO, please provide details on where it is stored when not at a BBQ Event:

What is the average distance (in miles) that the equipment will travel from the Insured’s domiciled home base to an event?

Is the Insured responsible for transporting the property to & from Events? Y ☐ N ☐

If No, please describe how it is transported:

Is the equipment in the care/custody of the Insured / team at all times at events? Y ☐ N ☐

If No, Explain: