

STORE ADDITION FORM

(*REQUIRED)

THE COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. PLEASE PROVIDE ADVANCED NOTICE OF A MOVE OR ADDITION OF NEW LOCATION/S SO WE MAY OBTAIN PRIOR APPROVAL FROM THE INSURANCE CARRIER.

| Owner/Store Operator Name (First and Last)*: | |
|--|---|
| | Is this store being acquired from corporate or an existing owner/operator?*: |
| National Store Number*: | C Yes |
| | ○ No |
| Store Address*: | Name of Existing Owner/Operator (if applicable): |
| Store City, State, Zip*: | |
| | Number of Seats*: |
| Store County*: | |
| | Estimated Annual Gross Sales*: |
| Store Operating Name*: | |
| | Drive-Thru*: |
| | C Yes |
| Email Address*: | No |
| | 24-Hour Drive-Thru*: |
| Store Phone Number*: | ○ Yes |
| | ○ No |
| Estimated Annual Guest Count*: | Estimated Annual Guest Count from Drive- |
| | Thru*: |
| Ownership/Coverage/Effective Date*: | |
| | 24-Hour Lobby*: |
| | ○ Yes |
| Last Reimage or Remodel Date (or Year Built)*: | ○ No |
| | Square Footage*: |
| | |

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| Number of Parking | g Spaces*: | | | | |
|---|--|---|--|--------|--|
| Store Type*: ☐ Freestanding ☐ Food Court ☐ Kiosk | ☐ Mall ☐ Express ☐ In-store | □ Wal-mart □ □ Retail | Oil Alliance □ Retail | | |
| Construction Type ☐ Frame ☐ Masonry Non-Com | ☐Joisted Ma | • | Combustible fied Fire Resis | tive | |
| ☐ Airport ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | College/University, Convention Center Medical Facility/Ho ☐ Municipal Sta | r □ Financial ospital □ Milita ation □ Museum/0 | sement Park Center ary Base Gallery | | |
| ☐ Playland ☐ Food | ☐ Central Station Including dining ar ☐ Armed Guards I Delivery ☐ Arm Non-McDonald's C Bank Daily ☐ De | n Alarm | tored Off-Site t Alcohol Served Kept in Locke | d Safe | |
| Signature: | | | | Date: | |

Please email the completed form to: mcdonalds@marsh.com or fax it to: 1-866-395-4725.