



Sales & Operational Projection Form

Business Information

Name:

Address:

Ownership & Experience

Owner's Years of Restaurant/Bar Experience
(length and details):

On-Site Manager Experience
(length and details):

Prior establishments owned/managed (if any):

Marketing & Target Market

Brief description of location strategy, competitive analysis, and intended customer base or attach Business Plan:

Financial Plan (Projected - First 12 Months)

Annual Revenues (Total Sales): \$

Cost of Goods Sold: \$

Salaries/Compensation: \$

Rent/Overhead: \$

Other Operating Costs: \$

Projected Pre-Tax Profit: \$

Annual Sales Breakdown

CATEGORY	ANNUAL PROJECTION
Food - On Premises	\$
Food - Takeout/Delivery	\$
Alcohol Sales	\$
Other (Amusements, Retail, etc.)	\$
Total Sales (Must Equal Above)	\$

Average Meal Price: \$

Lowest Domestic Beer (Excluding Specials): \$

Average Glass of House Wine: \$

Insured Certification & Agreement

The undersigned certifies that the above projections represent a reasonable and good-faith estimate of anticipated first-year operations.

The insured acknowledges and agrees that:

1. The policy is subject to a mandatory audit at the conclusion of the first policy term, and actual sales will be applied retroactively to the inception date of the policy.
2. Any premium adjustment resulting from audit will be subject to the company's minimum sales requirements and underwriting sales adjustments, regardless of projected figures.
3. The company will conduct an operational review at approximately six (6) months from policy inception to confirm that operations remain consistent with the representations made herein.
4. The insured agrees to promptly report any material changes in operations, including but not limited to changes in entertainment, hours of operation, management, liquor ratio, or service model.

POS documentation must be provided upon request and no later than 30 days following request.

Business Owner Signature:

Print Name/Title:

Date:

Agent Signature:

Date: