

RESTAURANT/FAST FOOD SUPPLEMENTAL APPLICATION

Named Insured:

Effective Date:

Website:

Agency/Broker:

GENERAL SAFETY/LOSS CONTROL

1. Does the insured have a formal safety program: Yes No
2. Does the insured have a full-time Safety Director on staff with no additional duties? Yes No
If yes, individuals Name: _____ Title: _____
3. Return to Work Program in place: Formal Informal None
4. Insured does pre-hire and post-accident drug testing: Yes No
5. Formal Accident Investigation Program in place: Yes No
6. MVR checks done pre-hire & annually: Yes No No driving exposures
7. Number of employees is: Increasing Decreasing Stable
8. Does the insured have more than 50 employees in a building that is 4 stories or greater? Yes No
9. How many years has the insured had Workers' Compensation insurance:
10. Health benefits provided: Yes No
If yes, % of employee participation: % % of employer's contribution: %

RESTAURANT/FAST FOOD OPERATIONS

1. Select all types of restaurants to be insured:

<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Brew Pub
<input type="checkbox"/> Cafeteria / Buffet	<input type="checkbox"/> Casual Dining/Family Style
<input type="checkbox"/> Caterer	<input type="checkbox"/> Catering Truck/Gourmet Food Truck/Meals on Wheels
<input type="checkbox"/> Coffee Shop (e.g. Starbuck's)	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Diner (IHOP, Denny's, etc.)	<input type="checkbox"/> Dinner Theatre
<input type="checkbox"/> Doughnut Shop	<input type="checkbox"/> Fast Food
<input type="checkbox"/> Fine Dining (Entrée Price \$20 or greater)	<input type="checkbox"/> Gentlemen's Club
<input type="checkbox"/> Hookah Bar or Lounge	<input type="checkbox"/> Hotel/Resort Restaurant
<input type="checkbox"/> Night Club	<input type="checkbox"/> Pizza Delivery
<input type="checkbox"/> Sandwich Shop	<input type="checkbox"/> Franchise/Independent – Taco Bell, McDonald's, etc.
<input type="checkbox"/> Taverns/Sports Bar	<input type="checkbox"/> Other:

DISTINGUISHED.

PROGRAMS

2. What is the percentage of off-site catering operations?
 Set-up only Service only Set-up and Service
3. Does the insured have entertainment? Yes No
4. Does the insured have their own employees working as security guards or bouncers? Yes No
If yes, are any security guards or bouncers armed? Yes No
Do the security guards or bouncers utilize Segways? Yes No
5. What is the percentage of liquor sales? %
6. Are any of the insured's locations open after 12:00 AM (midnight)? Yes No
If yes, how many locations?
7. Has the insured experienced a robbery or attempted robbery in the past 4 years? Yes No
If yes, how many?
8. Does the insured have employees who perform pick-up or delivery? Yes No
If yes, what is the maximum pick-up or delivery radius? 100 miles or less
How many delivery vehicles, including employee owned, are used?
Does the insured participate in any program where they are notified if one of their drivers receives a vehicle violation? Yes No
Does the insured have any employees that perform delivery on:
 Bicycles Motorcycles Scooters Roller Skates/Blades Skateboards
9. Does the insured require non-slip shoes? Yes No
If yes, is this a "Shoes for Crews®" program? Yes No