

Name Insured: _____

Effective Date: _____ Website: _____

Agency/Broker: _____

GENERAL SAFETY/LOSS CONTROL

1. Does the insured have a formal safety program?: Yes No N/A
2. Does the insured have a full-time Safety Director on staff with no additional duties?: Yes No N/A
If yes, individual's Name: _____ Title: _____
3. Return to Work Program in place: Formal Informal None
4. Insured does pre-hire and post-accident drug testing: Yes No N/A
5. Formal Accident Investigation Program in place: Yes No N/A
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 N/A
9. How many years has the insured had Workers' Compensation insurance: _____
10. Health benefits provided: Yes No N/A
If yes, % of employee participation: _____ % % of employer's contribution: _____ %

RESTAURANT – FAST FOOD OPERATIONS

1. Select all types of restaurants to be insured:

Banquet Hall	Brew Pub
Cafeteria / Buffet	Casual Dining/Family Style
Caterer	Catering Truck/Gourmet Food Truck/Meals on Wheels
Coffee Shop (e.g. Starbuck's)	Concession Stand
Diner (IHOP, Denny's, etc.)	Dinner Theatre
Doughnut Shop	Fast Food
Fine Dining (Entree Price \$20 or greater)	Gentlemen's Club
Hookah Bar or Lounge	Hotel/Resort Restaurant
Night Club	Pizza Delivery
Sandwich Shop	Franchise/Independent – Taco Bell, McDonald's, etc.
Taverns/Sports Bar	Other: _____
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 N/A
4. Does the insured have their own employees working as security guards or bouncers?: Yes No N/A
 If yes, are any security guards or bouncers armed?: Yes No N/A
 Do the security guards or bouncers utilize Segways?: Yes No N/A
5. What is the percentage of liquor sales?: _____ %
6. Are any of the insured's locations open after 12:00 AM (midnight)?: Yes No N/A
 If yes, how many locations?: _____
7. Has the insured experienced a robbery or attempted robbery in the past 4 years?: Yes No N/A
 If yes, how many?: _____
8. Does the insured have employees who perform pick-up or delivery?: Yes No N/A
 If yes, what is the maximum pick-up or delivery radius?: _____
 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 N/A
 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 N/A
 If yes, is this a "Shoes for Crews®" program? Yes No N/A