

Restaurants - Industry Supplemental Questionnaire

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicant Information:

Proposed Effective Date	Legal Name	Application ID
Application completed by: Broker Employe		
Please provide (<i>first, last</i>) name	Date	
Fast FoodTaveCasual Dining/Family StyleCafePizza DeliveryDineHotel/Resort RestaurantMobNight ClubOther	Yes Nu Dining rn/Sports Bar teria/Buffet r ile Catering Truck r: Percentag Takeout:	ase explain, include types of events and services provided:
Is there entertainment, <i>i.e. shows, bands, etc.:</i> Ye If yes, please provide a brief description: Does the insured have security guards or bounce	s No Does the i If yes, is the Valet Park If yes, per If sub-con	nsured require non-slip shoes? Yes No his the "Shoes for Crews" program? Yes No
General Classification Evaluation: 1) Maximum weight lifted:lbs <u>If applicable:</u> Manual L Please lis		ts with assistance: Please explain:
2) Vehicle exposure: Yes No <u>If Yes</u> – Percentage of total operation: Number of employee drivers: Driving Radius in miles: MVRs Checked: Yes No PUC Filing: N/A Yes:	mi. Do employees GPS tracking sy Company Own	take the vehicle home overnight? Yes No Istem installed? Yes No
 Any Out of State, International, or Overr <u>If Yes</u> - Please provide: 	ight Travel: Yes No	

Frequency of travel: ____ CPR Training provided: Yes 4)

Number of employees traveling: _____ Method of transportation:

No <u>If Yes -</u> Number of Employees certified: _____

Location(s):

Claims Handling:

1)	Is there a set procedure for reporting claims?	Yes	No
2)	Is there a formal written accident investigation report?	Yes	No
3)	Do you currently participate in an MPN program to control claim costs?	Yes	No



1) New-hire orientation program: Yes No is the orientation documented? Yes No 2) Owner is active in daily operations: Yes No 3) Employee Handbook: Yes No 4) Post-accident drug testing: Yes No 5) Job specific training: Yes No 6) Performance Appraisals: Yes No 7) Wellness program in place: Yes No 8) Are any of the following benefits provided? Medical: No Yes: Employer contribution: % 9) Any other information in regard to employee benefits? If so, please provide those details: Percentage of employees enrolled: % 9) Any other of employees hired: Payroll Estimate: \$	Persor	nnel Practices:							
 3) Employee Handbook: Yes No 4) Post-accident drug testing: Yes No 5) Job specific training: Yes No 6) Performance Appraisals: Yes No 7) Wellness program in place: Yes No 8) Are any of the following benefits provided? Medical: No Yes: Employer contribution:% Percentage of employees enrolled:% Retirement: No Yes: Employer contribution:% Percentage of employees enrolled:% 9) Any other information in regard to employee benefits? If so, please provide those details: Employee Turnover Rate (Annually):% Average Tenure of Employees (in # of years): 9) Any other information in regard to employee barget: \$ 9) Number of employees hired: Full Time (annual): Payroll Estimate: \$ 9) No. of seasonal employees: 9) Safety Program/Practices which are implemented and enforced: 1) Fall Protection Plan: Yes No N/A 2) Heat and illness prevention program: Yes No N/A 3) Do you maintain a written Workplace Violence Prevention Plan? Yes No N/A 4) Respiratory program for all employees: Yes No N/A 4) Respiratory program for all employees: Yes No N/A 6) Active safety training plan: Yes No N/A 7) Are supervisors held accountable for a safe work environment? Yes No N/A 7) Kare a dedicated full-time safety manager? Yes No N/A 8) Is there a dedicated full-time safety manager? Yes No N/A 8) Is there a dedicated full-time safety manager? Yes No N/A 9) Safety meetings are conducted: Daily Weekly Monthly Quarterly Does not conduct safety meetings 	1)	New-hire orientation program:	Yes	No Is the o	prientation doc	ument	ed? Yes	No	
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Retirement: No Yes: Employer contribution:	8)	Are any of the following benefits provid	ded?						
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If Yes – Please provide: Name:	,			k environment?			•		
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9) Safety meetings are conducted: Daily Weekly Monthly Quarterly Does not conduct safety meetings				_					
	2)								
	,	Are safety meetings documented? Yes	No					nduct safety meetings	
10) Personal Protective Equipment provide to all employees: No Yes, please list types:				nployees: No	Yes, please lis	t types	::		
11) Employee to Supervisor ratio:/	11)	Employee to Supervisor ratio:/							
12) What loss prevention recommendations has the insured implemented? Loss control service has not been performed.	12)	What loss prevention recommendation	is has the	e insured implem	iented? Los	s contr	rol servi	ce has not been performed.	
Year implemented:		Year implemented:							
Please explain:									
Machinery and Equipment:	Machir	nery and Equipment:							

- 1) Age of equipment in years:
- 2) Condition of the equipment:

0-5 5-10 10-20 20+ Excellent Good Average Poor Insured Contractor Other:

3) Who is responsible for maintaining equipment? Ins

Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?