



A Mutual Insurance Company Providing North Carolina Workers' Comp

Post Office Box 176001
Raleigh, North Carolina 27619

Tel. 919-832-0811
Toll free 888-393-2667
Fax 888-881-5744

www.firstbenefits.org

**RESTAURANT SUPPLEMENTAL
WORKERS COMPENSATION
(Complete in addition to the ACORD 130)**

1. Named Insured: _____

2. Number of years in this type business: _____

3. Number of years the business has been in operation: _____

4. If a new venture, describe type of management experience: _____

5. Business Hours: _____ to _____ No. of days business is opened per week: _____

6. Describe the type of food served: _____

7. The % of food deep fried: _____ What is the % from alcohol sales: _____

8. Are there mats used to prevent slip and fall injuries? Yes No

9. Has the agent personally verified the use of non-skid mats/flooring? Yes No

9. Does the insured offer a catering or delivery service? Yes No

If yes, what is the % _____ the radius traveled _____

10. Does the insured offer tableside cooking? Yes No

If yes, describe: _____

11. Does the insured have a safety program in place? Yes No

12. Does the insured have an employee training program: Yes No

13. Are proper lifting techniques instructed to employees? Yes No

14. What procedures are in place to prevent injury from equipment: _____

15. Is cutting machinery properly guarded to prevent cuts to the operator Yes No

Comments _____

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____