



RESTAURANT SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many seasonal employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes _____ No _____ If no, explain _____

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

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

5. Business Hours: _____ to _____ Number of days business is opened per week: _____

6. Is there any live entertainment (entertainers, band, solo artist, etc.)? Yes _____ No _____

7. Describe the type of food served: _____

a. Percentage of food deep fried: _____%

b. Percentage of revenue from alcohol sales: _____%

8. Is there non-skid mats/ flooring used to prevent slip and fall injuries? Yes _____ No _____ And do employees wear non-slip shoes? Yes _____ No _____



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9. Does the insured offer a catering or delivery service? Yes _____ No _____ If yes, what is the % _____
and 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 _____

16. Are MSDSs (Material Safety Date Sheets) and first-aid kits readily available? Yes _____ No _____

17. Is a loaded firearm kept on premises? Yes _____ No _____

18. Additional comments: _____