



Restaurant Supplemental

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

Detailed Description of Operations: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Driving or Delivery Mileage % of Each:  <50  50-100  100+  N/A

Group Transportation:  No  Yes **If yes, # of Employees:**  #

Are Vehicles Company Owned:  No  Yes  N/A

Vehicle Maintenance Program:  In-House  Outside Vendor  No

Distracted Driving policy in place:  No  Yes  N/A

Drivers Training:  No  Yes  N/A

Overnight Travel by Employees:  No  Yes **If yes, frequency:** \_\_\_\_\_

Employees (# of Each):  Full Time  Part Time  Seasonal  Volunteers

How are Employees Paid:  Hourly  Commission  Salary **Other:** \_\_\_\_\_

Benefits Offered (check all that apply):  Paid Sick Time  Paid Vacation  401k  Retirement

Group Health Coverage:  Yes  No **If yes, % paid by employer**  %

Pre Hire (check all that apply):  Written Application  Reference Checks  Physicals  
 Pre-Hire Drug Testing  Random Drug Testing  Post Accident Drug Testing  
 Pre-Hire MVR Checks  Annual MVR Checks  Criminal Background Checks  
**Other, please list:** \_\_\_\_\_

Return-To-Work/Light Duty Available:  Formal/Written  Informal/Verbal  None

Employee Average Annual Turnover:  %

Subcontractors Used:  Yes  No **If yes, what % of payroll**  %

Are COIs Obtained for Subs:  Yes  No  N/A

Day Laborers or Employee Leasing:  Yes  No

Safety Program in Place:  Formal/Written  Informal/Verbal  None

Safety Training:  Yes, Documented  Yes, Verbal  None

Safety Meetings:  Yes  No

If yes, frequency:  Weekly  Monthly  Quarterly  Annually

Lifting Exposures:  0-25lbs  25-40lbs  40+lbs  N/A

Machinery Guarded & Maintained:  Yes  No  N/A

Knife Handling Training:  Yes  No  N/A

Propane/Gas Safety Training:  No  Yes  N/A

Maximum Height in Feet:  0-6 Feet  7-15 Feet  15 Feet and Above  N/A

If heights, what is used:  Scissor Lift  Scaffolding  Bucket Truck  Ladder

**Other, please describe:** \_\_\_\_\_

List all Personal Protective Equipment:  Gloves  Back Belts  Protective Clothing  Ear Plugs  
 Goggles  Non-Slip Shoes  Steel Toed Boots  Masks

**Other, please list:** \_\_\_\_\_

Offsite Catering: (Delivery/Food Set Up)  Yes  No

Entertainment Provided:  No  Yes **If yes, describe:** \_\_\_\_\_

Security Guards or Bouncers:  No  Yes, Armed  Yes, Unarmed

If Yes to the Above: (Check all that Apply)  Insured's Employees  Outside Security Firm  If Outside Firm, are COI's Obtained  
 N/A

Percentage of Alcohol Sales:  %

Check All That Apply:  Banquet Hall  Night Club/Bar  Casual Dining/Family Style  
 Cafeteria/Buffer  Fine Dining  Pizza Delivery  
 Tavern/Sports Bar  Hotel/Resort  Food Truck  
 Fast Food **Other, please describe:** \_\_\_\_\_

**Affirmation**

The undersigned acknowledges and understands the information provided herein will be used to evaluate the applicant and a decision as to whether the applied to insurance company will offer workers' compensation insurance will be made, in part, based on the information provided. Signature below indicates the information provided is true and correct. This Supplemental Application must be signed by a principle, owner or partner of the entity applying for insurance.

Owner/Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_