

**Republic
Indemnity**

**RESTAURANT SUPPLEMENTAL
UNDERWRITING QUESTIONNAIRE** Application/Policy# _____

Insured Name: _____ Federal ID #: _____
 Effective Date: _____ Web Site Address: _____ Insurance Contact E-mail Address: _____
 Agency: _____ Contact: _____

Payroll Data – Provide historical payroll data by class (for current and prior 4 years), or submit final audit invoices if available. Applicable only to policy years not insured by Republic Indemnity.

Class:	9079(1)	9082 NCCI	9083 NCCI	9084 NCCI	8742(1)	8810(1)
YEAR						
<u>Current</u>	_____	_____	_____	_____	_____	_____
<u>1st Prior Yr</u>	_____	_____	_____	_____	_____	_____
<u>2nd Prior Yr</u>	_____	_____	_____	_____	_____	_____
<u>3rd Prior Yr</u>	_____	_____	_____	_____	_____	_____
<u>4th Prior Yr</u>	_____	_____	_____	_____	_____	_____

Loss Experience

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please provide **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

Operational Information

- How would you describe this restaurant? _____
(e.g., bar, dinner house, ethnic restaurant, coffee shop, cafeteria, fast food, caterer, other)
- Table service provided Yes No
- Hours of operation _____ Number of shifts _____
- Percentage of liquor sales to food sales _____ Average entrée price _____
- Mark a check if any of the following employed: Entertainers (and type) € _____
 Bouncers Security Guards (employees) Independent Contractors
 Do contractors carry Workers' Compensation Insurance and provide Certificates of Insurance? Yes No
If yes, provide details _____
- Delivery: Yes No If so, how often _____ Radius _____ % of Sales _____
 Catering: Yes No If so, how often _____ Radius _____ % of Sales _____
 If yes, number of Company owned vehicles: _____ Number of Employee owned vehicles: _____
 Group Transportation Provided Yes No
If yes, provide details _____
 MVR's checked Yes No *If yes, please provide details as to procedures in place* _____

 Is there a disciplinary/termination rule in place based on driving record? Yes No *If yes, describe how this is implemented* _____

- Valet Parking: Yes No If so, performed by insureds employees: Yes No
 Subcontracted with Certificates of Insurance on file? Yes No
If yes, provide details _____
- Is there a safety program in place? Yes No
If yes, provide details _____
- Carpeted dining area: Yes No Split level/multi-story dining area: Yes No
- Non-skid flooring: Yes No

General Information

1. Current number of permanent employees: _____ Number of Managers/Supervisors: _____
 Number of temporary/seasonal employees: _____ Employees under 18: _____
 If any are under 16, work permits on file: Yes No
2. Number of W2's filed for latest reporting year: _____
3. Number of employees: Increasing Decreasing Stable
4. Number of part time employees: _____ Number of full time employees: _____
5. Mean wage: For mainstream employees in production operations or services offered \$ _____/hr.
 For administrative staff (e.g., clerical, sales) \$ _____/hr.
6. Union Non – Union % of employees participating _____
7. Group Medical provided: Yes No Name of Group Health Provider _____

 % of employees participating _____ % of employer contribution _____
 Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
8. Medical Provider Network (MPN) – Please select one: **(applicable to California only)**
 Blue Cross of California Prudent Buyer Plan Network and Prudent Buyer Comp Kaiser-on-the-Job
9. Pre-employment physical: Yes No
10. Drug Screening Program/Random Drug Testing: Yes No
11. Does insured offer modified work? Yes No
If yes, provide details _____
12. Loss Control Incentive Program: Yes No
13. Does applicant own, operate or lease aircraft? Yes No *If yes, provide details* _____
14. Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by governmental offices or National Landmarks? Yes No
If yes, provide details _____

Location (s) – Please complete for all locations of business operations:

	# Employees assigned to location (including those who work off premises)	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
Location (1)	_____	_____/____	_____

Street			

City, State, Zip			
Location (2)	_____	_____/____	_____

Street			

City, State, Zip			

If more than 2 locations, please continue on separate sheet.

*Types of Building Construction that closely matches the description of building that Insured occupies.

- | | |
|--------------------------------------|----------------------------------|
| Wood Frame, including masonry veneer | Tilt-up concrete |
| Unreinforced masonry | Reinforced concrete |
| Reinforced masonry | Light gauge steel frame |
| Mobile home | Protected structural steel frame |

Policy Specifications

Non Participating Plan _____ Participating _____ Group _____ Group Name: _____
 Commission % _____ Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date _____

110-080 (Revised 08/2006)
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