Republic Indemnity®

RESTAURANT SUPPLEMENTAL
WORKERS' COMPENSATION APPLICATION

Application/Policy #: _____ Effective Date: _____

Insured Name: _____ Federal ID #: _____
Website: _____ Email: _____
Agency Name:_____ 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		Class		Class		Class		Class	
Current Year										
1st Year Prior										
2nd Year Prior										
3rd Year Prior										
4th Year Prior										

Loss Experience

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

Operational Information

1. How would you describe this restaurant? _____
   (e.g. bar, dinner house, ethnic restaurant, coffee shop, cafeteria, fast food, caterer, other)
2. Does the insured provide table service? Yes ○ No ○
3. Are wait staff employed? Yes ○ No ○
4. Do customers order from a counter or drive-through? Yes ○ No ○
5. Do customers pay at the time of the order ○ OR after completing the meal ○
6. Hours of Operation: _____
7. Percentage of liquor sales to food sales: _____ Average entrée price: _____
8. Does the insured maintain a Type 42, 48 or 61 ABC license? Yes ○ No ○
9. Are minors (under 18 years old) prohibited from entering the premises? Yes ○ No ○
10. Check the boxes next to any of the following that are employed:
    ☐ Entertainers (and type) _____ ☐ Bouncers ☐ Security Guards (employees)
    Do contractors carry Workers' Compensation Insurance and provide Certificates of Insurance? Yes ○ No ○
    If yes, provide details: _____
11. Equipment: Are Hobart mixers utilized? Yes ○ No ○ If yes, are they properly guarded? Yes ○ No ○
12. Delivery Exposures: % of delivery insured: _____ Radius: _____ % of delivery by third party: _____
    For third party delivery, are Certificates of Insurance obtained: Yes ○ No ○
    Catering: Yes ○ No ○ Radius: _____ % of sales: _____ ☐ On-site ☐ Off-site
    If yes, number of Company owned vehicles: _____ Number of Employee owned vehicles: _____
    Number of employees driving on a regular basis (we define regular as 10% or more of employees' time): _____
    Frequency of off-premises activity: Daily ○ Less than Daily ○
    Average and maximum number of covered employees that travel together in the same vehicle: _____
    How often do the maximum number of covered employees travel together in the same vehicle: _____
    Food Trucks: Yes ○ No ○ If yes, how many food trucks? _____ Radius_____ Frequency of Use_____

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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: _____

13. Valet Parking: Yes ○ No ○ If yes, is this performed by the insured's employees: Yes ○ No ○
Subcontracted with Certificates of Insurance on file? Yes ○ No ○
If yes, provide details: _____
14. Carpeted dining area: Yes ○ No ○ Split level/multi-story dining area: Yes ○ No ○
15. Non-skid flooring: Yes ○ No ○

General Information

1. Current number of permanent employees: _____ Number of Managers/Supervisors: _____
Number of employees under 18: _____ If any are under 16, work permits on file? Yes ○ No ○
Number of temporary/seasonal employees: _____ Are any relatives employed? Yes ○ No ○
Does the insured utilize the services of Temporary Staffing Agencies or Labor Contractors? Yes ○ No ○
If yes, do they require contract language that specifies that the Agency/Contractor provides Workers' Compensation? Yes ○ No ○
Number of W2's filed for latest reporting year: _____
2. **How many independent contractors are used? _____**
How many 1099 forms are issued to individuals? _____
How many 1099 forms are issued to companies/organizations? _____
If there are independent contractors, what kind of work do they perform? _____
Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes ○ No ○
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. Number of employees working from home: _____
Average number of days per week working from home: _____
8. Group Medical: Yes ◉ No ○ Name of Group Medical Provider: _____
% of employees participating: _____ % of employer contribution: _____
Paid Vacation: Yes ○ No ○ Paid Sick Leave: Yes ○ No ○ 401K or Pension: Yes ○ No ○
9. Safety Program: Yes ○ No ○
Safety meetings held for all employees: Yes ○ No ○
Personal protective safety equipment provided: Yes ○ No ○
Accident investigation program in place: Yes ○ No ○
10. Hiring Practices
Application: Yes ○ No ○
Check References: Yes ○ No ○
11. Pre-employment physical: Yes ○ No ○
12. Drug Screening Program/Random Drug Testing: Yes ○ No ○
13. Does insured offer modified work: Yes ○ No ○

If yes, provide details: _____

14. Loss Control Incentive Program: Yes ○ No ○
15. Does applicant own, operate or lease aircraft? Yes ○ No ○
    If yes, provide details: _____
16. 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: _____

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

	Number of Employees assigned to the location (including those who work off premises)		**# of Shifts**	**Maximum number of employees on the premises at one time**	**# of Stories and Floor # occupied by this business**		**Building Construction Type** *(see below)
	Full-time	**Part-time**			**# Stories**	**Floor #**	
Location (1)							
Street							
City, State, Zip							
Location (2)							
Street							
City, State, Zip							
Location (3)							
Street							
City, State, Zip							

If there are more than 3 locations, please continue on a separate sheet.

*Types of Building Construction that closely matches the description of the building that the 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

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Policy Specifications

Non-Participating Plan ◯ Participating ◯

Program: Yes ◯ No ◯ If yes, Program Name: _____

Commission: _____% Direct Bill ◯ Agency Bill ◯

Producer Authorized Signature: _____ Date: _____

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.

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