

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**GENERAL INFORMATION**

1. Website Address: \_\_\_\_\_

2. TripAdvisor Rating:  1  2  3  4  5

3. How many years has this operation been in business? \_\_\_\_\_ At same location? \_\_\_\_\_

4. How many years of experience does the current management possess? \_\_\_\_\_

5. Type of restaurant:  Bakery  Buffet  Burrito/Taco Shop  Coffee Shop  Cafeteria  
(mark all that apply)  Deli  Fine Dining  Family  Fast Food  Sports Bar  
 Pizzeria  Other \_\_\_\_\_

6. What is the restaurant's seating capacity? \_\_\_\_\_

7. Is this a seasonal operation?  Yes  No

8. Is this a franchised operation?  Yes  No

If Yes, what franchise? \_\_\_\_\_

9. Are there take-out operations?  Yes  No

10. Food Sales: \$ \_\_\_\_\_ Liquor Sales: \$ \_\_\_\_\_ Catering Sales: \$ \_\_\_\_\_ Total Sales: \$ **0.00**

11. Hours of operation: Sun.: \_\_\_\_\_ Mon.: \_\_\_\_\_ Tues.: \_\_\_\_\_ Wed.: \_\_\_\_\_  
Thurs.: \_\_\_\_\_ Fri.: \_\_\_\_\_ Sat.: \_\_\_\_\_ Other: \_\_\_\_\_

12. Cooking equipment: \_\_\_\_\_ Broilers \_\_\_\_\_ Deep Fat Fryers \_\_\_\_\_ Grills \_\_\_\_\_ Hearth  
(enter # of each) \_\_\_\_\_ Oven  Other \_\_\_\_\_  
\_\_\_\_\_ Ranges  Other \_\_\_\_\_

13. Fuels used: (mark all that apply)  
 Charcoal  Electric  Gas  Oil  Wood  Other \_\_\_\_\_

13. Has the Applicant maintained an operating profit for the last five years?  Yes  No

If No, please explain: \_\_\_\_\_

14. Are bank deposits made daily?  NA  Yes  No

If No, please describe how money is protected until deposit: \_\_\_\_\_  
\_\_\_\_\_



**PROTECTION**

- 1. Is the kitchen equipped with an automatic extinguishing system?  NA  Yes  No
  - a. Does this system cover all cooking and ventilation equipment?  NA  Yes  No
  - b. Is this system UL 300/NFPA compliant?  NA  Yes  No
  - c. Is this system equipped with automatic fuel shutoffs?  NA  Yes  No
  - d. Does this system receive service at least every 6 months?  NA  Yes  No
- 2. Is the cooking equipment equipped with remote manual fuel shutoffs?  NA  Yes  No
- 3. Does the cooking equipment receive regular service?  NA  Yes  No
  - Is the equipment serviced by an outside contractor?  NA  Yes  No
- 4. Are the cooking areas equipped with non-combustible filters?  NA  Yes  No
- 5. Is a cleaning of the hood and duct system performed at least every 6 months?  NA  Yes  No
  - Is the hood and duct system cleaned by an outside contractor?  NA  Yes  No
- 6. Is the kitchen equipped with UL listed grease extractors?  NA  Yes  No
  - What is the frequency of cleaning of the grease extractors?  
 Weekly  Monthly  Annually  Other: \_\_\_\_\_
  - Are the grease extractors cleaned by an outside contractor?  NA  Yes  No
- 7. Has all cooking equipment been upgraded within the last 10 years?  NA  Yes  No
  - If Not, please provide what updates have been completed: \_\_\_\_\_
- 8. Is the refrigeration equipment protected by temperature monitors/alarms?  NA  Yes  No
- 9. Does the Applicant have generators in place to protect stock in the event of a power outage?  NA  Yes  No
- 10. Does the Applicant possess a maintenance agreement on refrigeration equipment?  NA  Yes  No
- 11. Is the restaurant located on  One floor  Multiple floors
- 12. Is the basement used for cooking and/or storage?  NA  Yes  No
- 13. Does the applicant regularly inspect all food and ingredients as they come into the restaurant?  NA  Yes  No

**GENERAL LIABILITY**

- 1. Does the Applicant perform regular sweeping/mopping and/or floor inspections?  Yes  No
  - Are logs kept for all cleaning operations?  Yes  No
- 2. Is there a sanitation manager employed with proper hygiene procedures established?  Yes  No
- 3. Does the Applicant contract pest control services?  Yes  No
- 4. Does the Applicant contract snow/ice removal?  Yes  No
- 5. Does the Applicant receive a certificate of insurance from all contractors doing:
  - a. Maintenance of automatic extinguishing systems including sprinklers?  Yes  No
  - b. Maintenance of hood/duct/filtering systems?  Yes  No
  - c. Cleaning/Maintenance of grease traps?  Yes  No
  - d. Refrigeration maintenance?  Yes  No
  - e. Pest control?  Yes  No
  - f. Ice/Snow removal?  Yes  No
  - g. All other maintenance or contractor work?  Yes  No
  - h. All suppliers?  Yes  No
- 6. Does the Applicant package, repackage, or label any items for sale?  Yes  No
  - If Yes, please describe: \_\_\_\_\_



7. Is there any cooking at customers' tables?  Yes  No
8. Is there live entertainment and/or dancing on premises?  Yes  No
9. Is there other entertainment—pool table, darts, game of chance, playgrounds, bocce, karaoke, etc.—in the restaurant?  Yes  No
10. Is the parking lot maintained and does it have adequate lighting?  Yes  No
11. Is there sponsorship of any sports teams or special events?  Yes  No  
If Yes, please describe: \_\_\_\_\_
12. Does the building contain any habitational units?  Yes  No
13. Is there adequate means of egress from the restaurant, the kitchen and the basement?  Yes  No
14. Does the Applicant import any food products?  Yes  No  
If Yes, what percentages of total \_\_\_\_% and please describe items: \_\_\_\_\_

**AUTOMOBILE**

1. Are there any catering operations?  Yes  No
2. Does the Applicant do any delivery?  Yes  No
- a. If Yes to question #1 or #2, are there any vehicles owned by the applicant?  Yes  No
- b. If Yes to question #1 or #2, are there any employee personal vehicles used?  Yes  No
- c. If Yes to question #1 or #2, # of vehicles owned \_\_\_\_ # of personal vehicles used \_\_\_\_
- d. If Yes to question #1 or #2, does Applicant regularly review all drivers' motor vehicle records for acceptability?  Yes  No
- e. If Yes to question #1 or #2, does the Applicant have a vehicle maintenance program in place?  Yes  No
- f. If Yes to question #1 or #2, what is the maximum radius of operation? \_\_\_\_\_
- g. If Yes to question #1 or #2, # of drivers \_\_\_\_\_ # of stops on a typical shift \_\_\_\_\_
- h. Is there a distracted driving policy in place for all drivers?  Yes  No
3. Does the Applicant have valet parking services?  Yes  No

**LIQUOR LIABILITY** (Complete if you are requesting a Liquor Liability quote)

1. Are there any Happy Hours or other events when drinks are sold at a lower price?  Yes  No
2. Does the Applicant train all employees for Heimlich maneuver and alcohol awareness (TIPS)?  Yes  No
3. Are alcohol servers allowed to refuse service to a customer?  Yes  No
4. Describe ID checking procedures: \_\_\_\_\_
5. How long has the Applicant had a liquor license for this location? \_\_\_\_\_
6. Has the current license or any other license held by the Applicant been suspended or revoked?  Yes  No
7. Has any fine been paid or citation issued against the Applicant for illegal serving of alcohol?  Yes  No
8. Is Applicant in compliance with all state requirements for the serving of alcoholic beverages?  Yes  No
9. Has the Applicant had any alcohol liability claims during the past 5 years?  Yes  No
10. Has the Applicant ever had a Liquor Liability policy cancelled or nonrenewed?  Yes  No



**WORKERS' COMPENSATION** (Complete if you are requesting a WC quote)

1. Do you offer health benefits to full time employees?  Yes  No
2. Do you have a formal written safety program in place and provide ongoing training?  Yes  No
3. What is the employee turnover percentage on an annual basis? \_\_\_\_\_%
4. Do you perform Drug and Alcohol screening?
  - a. Pre Hire?  Yes  No
  - b. Post Hire?  Yes  No
5. Do you provide material handling/lifting training?  Yes  No
6. What is the maximum weight lifted? \_\_\_\_\_ lbs.
7. Describe the fall protection program to prevent slips and falls by employees:  
\_\_\_\_\_
8. Are there quality control measures in place for housekeeping in both the front (public spaces) and back (kitchen/office) areas?  Yes  No
9. Do you post notices on proper hygiene and provide appropriate training?  Yes  No
10. Does management have a safety committee that performs and reviews incident/accident investigations?  Yes  No
11. Please provide number of part time employees \_\_\_\_\_ full time employees \_\_\_\_\_
12. Do you provide any employee housing?  Yes  No
13. Do you provide any employee transportation to and from work?  Yes  No
14. Do you have a return to work program?  Yes  No

**PRODUCTS RECALL** (Complete if requesting coverage)

1. Does the Applicant have a formal quality control process?  Yes  No
  2. Is there a recall or market withdrawal plan in place and compliant with FDA guidelines?  Yes  No
  3. Were FDA inspections completed regularly over the last 5 years?  Yes  No
  4. Are there risk transfer procedures in place?  Yes  No
  5. Does the Applicant keep detailed records of products distribution process?  Yes  No
  6. Is there a formal complaint handling process in place?  Yes  No
  7. Have there been any products recall claims in the last 5 years?  Yes  No
- If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Signature of Authorized**

**Entity Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_