





12. Insured Products: Total restaurant sales by products sold (percentages) **Note:** 0 or n/a equals product not sold

- a. Fountain Drinks \_\_\_\_\_%
- b. Poultry \_\_\_\_\_%
- c. Produce \_\_\_\_\_%
- d. Fresh Salad \_\_\_\_\_%
- e. Fruit \_\_\_\_\_%
- f. Seafood \_\_\_\_\_%
- g. Dairy \_\_\_\_\_%
- h. Bakery \_\_\_\_\_%
- i. Beef \_\_\_\_\_%
- j. Pork \_\_\_\_\_%
- k. Alcohol \_\_\_\_\_%
- l. Other\* \_\_\_\_\_%

\* For "Other" please describe products sold: \_\_\_\_\_

13. Complete the following:

Top 5 suppliers:	Supplied Product:

14. Do you (or a third party) test food received from suppliers for contamination? YES  NO

If yes, please explain: \_\_\_\_\_

- a. If tests are performed by a third party, who is it? \_\_\_\_\_
- b. Who verifies suppliers' standards for testing, storing or transportation of products? \_\_\_\_\_

15. Average dollar (\$) value of guest check: \$ \_\_\_\_\_

16. Metropolitan area (city) with the largest number of locations: \_\_\_\_\_

17. What is the planned number of new locations in the next 12 months (include expected open date and city/state of new location)? \_\_\_\_\_

18. Are newly hired employees trained in kitchen sanitation practices including:

- a. Personal Hygiene? YES  NO
- b. Cutting boards? YES  NO
- c. Cross contamination? YES  NO
- d. Proper Storage? YES  NO
- e. Food Temperature? YES  NO
- f. Equipment Sanitation? YES  NO

19. Are all owned or franchised locations required to follow specific written procedures, guidelines, rules and standards regarding:

- a. Food Handling? YES  NO
- b. Hygiene? YES  NO
- c. Cooking Methods? YES  NO

Is training required in the Franchise Agreement or left to the option of the franchisee? \_\_\_\_\_



20. Do you monitor employees to ensure they continue to use good food handling procedures and hygiene?  
How? \_\_\_\_\_ YES  NO
21. Do you offer refresher courses or ongoing training for existing employees? YES  NO   
Explain: \_\_\_\_\_
22. Do you have current HACCP plans and procedures in place? YES  NO
23. Do any location(s) provide pick up / take out orders? YES  NO   
If yes, please advise an estimated % of take out orders: \_\_\_\_\_ %  
Are containers labeled with proper Food Handling instructions (i.e. proper storing, reheating, etc.)?  
YES  NO   
If yes, please provide a sample of the Food Handling instructions.
24. Is there a written crisis management plan in effect to offset catastrophe media coverage for a food borne illness?  
YES  NO   
*Who is your Spokesperson and what is their job title?* \_\_\_\_\_
25. During the last five years has any location:  
a. Been cited/fined or closed down by any public health authority or civil authority? YES  NO   
b. Had a food borne illness incident resulting in a business interruption? YES  NO   
c. Experienced an accidental or malicious contamination loss? YES  NO   
d. Been involved with an extortion attempt? YES  NO   
If Yes to any of the above, provide complete dates, details, and amount of the loss, if applicable.  
e. Is the Board of Directors notified for any of the above yes responses? YES  NO
26. Does the Person in Charge on each operating shift have recognized, current Food Safety Certification?  
YES  NO
27. Is there a written procedure for customer complaints of an alleged foodborne illness?  
YES  NO
28. Is there a written procedure for Health Department notification of an alleged foodborne illness?  
YES  NO
29. Is there a written procedure for responding to a notification of recall from a supplier?  
YES  NO
30. Are franchisees required to comply with food safety requirements and standardized procedures?  
YES  NO   
Are franchisees required to provide on-going food safety training to new and existing employees?  
YES  NO
31. Have you been audited in the past 12 months by a third party (other than a local authority).  
Was the audit satisfactory? YES  NO



**ATTACHMENTS REQUIRED WITH THE APPLICATION:**

- \_\_\_\_\_ Description of testing procedures used on products received
- \_\_\_\_\_ Copy of Food Handling Instructions for take out / pick up orders, if applicable
- \_\_\_\_\_ Copy of Food Handling, Hygiene and Cooking standards as required by the Corp. or franchisor
- \_\_\_\_\_ Copy of Employee Hiring and Training Guidelines, including refresher courses
- \_\_\_\_\_ Copy of Franchise or Management Agreement issued by Franchisor, if applicable
- \_\_\_\_\_ Food Purchasing Standards
- \_\_\_\_\_ Facility Sanitation Standards
- \_\_\_\_\_ Crisis Management Plans
- \_\_\_\_\_ Complete schedule of locations (if possible, include future locations)
- \_\_\_\_\_ Policyholder Disclosure Notice of Terrorism Insurance Coverage

**APPLICATION: I/We the undersigned, acting for and on behalf of the applicant company declare that to the best of our knowledge and belief, the information provided in this application form is true, and I/we have not withheld any material information which might affect the judgment of underwriters in their rating and acceptance of this risk. I/we agree that if a contract of insurance is provided by underwriters, this application form and any attached details of previous experience shall be the basis of such a contract. Signing this application does not bind the insurer to an offer or the named applicant to accept insurance.**

All indications are subject to receipt of a completed application, required attachments and final underwriting approval.

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**Signature of Applicant**

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**Date**