

Application - Restaurant Recovery Insurance (RRI)

1. Primary name of Applicant's company to be listed as the Insured Name. The proposed policy can list the primary **Insured Name and its subsidiaries** upon request.

2. Applicant's primary address:

3. Applicant's website address(s):

4. How many years has the Applicant been in business:

5. Please list all restaurant and store **trade names** (aka brand names) the Applicant does business under:

6. Is the Applicant a Franchisor ☐ No ☐ Yes, *If "Yes" what trade name(s) do you own rights to:*

7. ***Locations Details:** Please fill out the below chart regarding the Applicant's restaurant and store locations:

Domiciled in:	(Franchisor) Corporately Owned Locations:	(Franchisor) Franchised Locations	Franchisee Locations	Independently Owned Locations
United States:	#	#	#	#
Outside of US:	#	#	#	#

8. Applicant's anticipated number of new locations to be opened within the next 12 months:

9. Applicant's total annual sales at restaurant locations including standard takeout and delivery:

Anticipated Upcoming Year Sales (USD)	Last Year Actual Sales (USD)
\$	\$

Other Sales/Revenues/Operations	If "Yes" anticipated upcoming year sales, revenue, or product value?
10. Franchisor Royalties – Is the Applicant a Franchisor that collects royalties from their Franchised locations?	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$
11. Ingredients/Supplies - Does the Applicant sell, distribute, or supply any products or ingredients to restaurant locations? <i>I.e., Operations in commercial kitchens, commissaries, warehousing, distribution centers, trucking, or importing</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$
12a. Offsite Catering – Does the Applicant have catering sales for offsite (<i>not at one of their restaurant locations</i>) events/locations?	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$
12b. Website Sales Direct to Consumer – Does the Applicant sell packaged edible products that are available to be shipped direct to end consumers around the country or worldwide? <i>I.e., condiments, gift boxes, edible arrangements available for sale on the Applicant's website which can be shipped long distances (not standard takeout or delivery)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$
12c. Retail Branded Products Does the Applicant manufacture products (or hire a co-manufacturer to make products), distribute products, or handle products that are sold to manufacturers, distributors, or retailers? <i>I.e., condiments, beverages, or products sold to Kroger, Costco, Whole Foods, or other grocery stores/retailers</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$
12d. If the Applicant answered "Yes" to 12a, 12b, 12c.: are any of these products ultimately prepared and packaged outside of their restaurant locations?	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$

13. Does the Applicant have any food trucks they want coverage for? ☐ No ☐ Yes, If "Yes" how many?
14. Does the Applicant utilize ghost kitchens to fulfill standard pickup, takeout, or delivery orders? ☐ No ☐ Yes
15. Do all ingredients/products supplied to the Applicant's locations and/or franchised locations arrive directly from third party suppliers or distributors? ☐ Yes ☐ No
16. Are there any contracts in place that constrain or bar the Applicant, company, its subsidiaries, or its insurance carrier from seeking redress against any supplier or third party who provides the Applicant with products, ingredients, or services?
☐ No ☐ Yes, **If "Yes" please provide an example contract**

Incident History

17. In the last five (5) years, have you had any of the following incidents? For all "Yes" answers, complete the attached **Supplemental Form** for each applicable incident if business interruption losses and expenses were/are **over \$2,500 USD**.

Incident	Yes or No?	Date (Most recent)	Business Interruption (\$USD)
Received a failing grade on a health inspection, fined, or closed by a government agency, public health authority, or civil authority	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Foodborne illness incident at a location	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supplied with contaminated product	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Product extortion or malicious product tampering	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workplace violence incident	<input type="checkbox"/> Yes <input type="checkbox"/> No		

18. Does the Applicant, its principal(s), partner(s), officer(s), director(s) or manager(s) have knowledge or information of any current situation or circumstance which might lead to a claim under the proposed insurance? ☐ No ☐ Yes, **If "Yes" please provide full details on a separate sheet of paper or email.**

Signature & Additional Information

Any references to "restaurant location(s)" or "location(s)" will represent restaurants and restaurant concepts including food/beverage service retail outlets which sell food/beverage to the general public.

Any references to "you" and "your" represent the Applicant. This Application must be signed and dated by the Applicant's principal, partner, officer, or director. If you need more space for your answers, please continue a separate sheet of paper or email response and reference the question number.

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT AND ANY PROSPECTIVE INSURED, DECLARES TO THE BEST OF THEIR KNOWLEDGE THAT ALL THE STATEMENTS AND ANSWERS SET FORTH HEREIN ARE TRUE AND ACCURATE AND THAT NO INFORMATION HAS BEEN WITHHELD. THE UNDERSIGNED FURTHER AGREES, ON BEHALF OF THE APPLICANT AND ANY PROSPECTIVE INSURED, THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE INSURED SHALL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ITS PROPOSAL AND/OR AGREEMENTS TO BIND THE INSURANCE.

Name:	Signature:
Position/Title:	Date:

****Additional Required Document – Schedule of Restaurant/Store Locations:***

In addition to this application please provide a schedule of restaurant locations in excel format which includes columns for 1) Trade Name 2) Full Address 3) Ownership Type. If the applicant has any food trucks, please provide commercial license plate(s) numbers. *We can attempt to accept a Statement of Values (SOV) if all this information is provided.*



Supplemental Form

1. Discovery date of incident (mm/dd/yyyy):
2. What type of incident took place?
3. Location(s) that the incident occurred at:
4. Main cause of the incident:
5. Please provide a detailed description of the incident:
6. Was the local health department involved in this incident? ☐ Yes ☐ No
7. How many restaurant/store locations were closed or affected because of this incident?
8. How long were the locations closed for?
8a. Are all restaurant locations affected now reopened for business? ☐ Yes ☐ No
9. Did a supplier initiate a recall or was a supplier at fault in providing you contaminated products? ☐ Yes ☐ No

10. Please identify the total losses incurred and detail each loss category:

Loss Category	Uninsured Amount (USD)	Insured Amount (USD)
Loss of sales:		
Loss of net income:		
Recall expenses:		
Rehabilitation expenses:		
Increased cost of working:		
Extortion costs:		
Crisis consultant expenses:		
Other (please identify):		
Other (please identify):		
Total Amount of all losses:		

11. How many days did it take to experience the above detailed total losses?
12. What is the status of this incident? ☐ On-going ☐ Closed/Costs are final **If "On-going," please provide the status:**
13. Please describe what corrective actions have been taken to avoid a reoccurrence of the incident:
14. After this incident took place, did the Applicant pass a subsequent health inspection ensuring it was safe to continue or reopen business? ☐ Yes ☐ No