



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.

Table with 10 columns and 5 rows for payroll data. Columns are labeled 'Class' and rows are labeled 'Current Year', '1st Year Prior', '2nd Year Prior', '3rd Year Prior', and '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?
2. Table service provided: Yes No
3. Hours of Operation:
4. Percentage of liquor sales to food sales: Average entrée price:
5. Check the boxes next to any of the following that are employed: Entertainers, Bouncers, Security Guards
6. Equipment: Are Hobart mixers utilized?
7. Delivery Exposures: % of delivery insured, Radius, % of delivery by third party
Is there a disciplinary/termination rule in place based on driving record?



- 8. 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: \_\_\_\_\_
- 9. Carpeted dining area: Yes No Split level/multi-story dining area: Yes No
- 10. 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 #	

<b>Location (1)</b>						
Street						
City, State, Zip						

<b>Location (2)</b>						
Street						
City, State, Zip						

<b>Location (3)</b>						
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

**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.