



RESTAURANT GROUP/PROGRAM
QUESTIONNAIRE
CLASS CODE: 9079 OR 8078

INSURED: _____ APP/POLICY# _____

TYPE OF OPERATION:

- Coffee Shop, Restaurant serving dinner only, Beverage Preparation Shop, Ice cream or Frozen Yogurt Shop, Fine Dining, Sandwich Shop, Breakfast and Lunch only, Pizza Parlor, Family-style, Catering, Cafeteria, Micro Brewery

- 1. The governing class is 9079 or 8078 Yes No
2. There are no classifications other than 9079 or 8078 & standard exceptions. Yes No
3. California locations only. Yes No
4. The insured is open between the hours of 6:00am and 10:00pm Yes No
5. Average Entrée price is \$ _____
6. There is no entertainment. Bouncers, or dancing. Yes No
7. Liquor receipts are _____% of total receipts.
8. If this is a fine dining establishment, what is the % of off premise catering? _____
9. The insured is not one of the ineligible operations noted on page 2. Yes No
10. The insured has addressed the following safety issued: Yes No
A procedure to immediately clean up spills on floors
A proper lifting procedure
A procedure in handling hot oil
11. Does the insured operate a micro brewery at any location? Yes No
If so, is a Safety Procedure in place addressing the procedure of
Checking contents of brewing vats before the contents are cooled?
Is there reinforcement of the use of personal protective equipment?
Does employer have Safety Locks on all steam valves?
12. The insured has been in business at least 3 years without a lapse in coverage? Yes No
13. The insured does not have more than 1 adverse yr. (over 65% loss ratio) in the
Past 3 years. Yes No
14. The insured has not had more than one claim per \$200,000 of payroll under
class 9079 or 8078 within the last 3 years.
15. The insured had _____ cancellation(s) in the past 3-years.

Please provide details on any claim(s) reserved for \$25,000 or more. (Please use separate page for additional space):

Multiple horizontal lines for providing details on claims.



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If the insured is open outside the hours of 6:00 a.m. and 10 p.m., what hours are they open?

Does the insured provide any entertainment? If so, please provide details in the additional comments section below.

Yes No

If entertainment is provided, is it provided by independent contractors who provide certificates of insurance?

Yes No

How long has this restaurant been under their current management?

If the insured has been in business less than three years, please provide the number of years.

The owner(s) have a minimum of 5 years experience in the industry.

Yes No

The owner(s) have a minimum of 5 years business management experience.

Yes No

Turnover Rate: Within the last 12 months: _____

24 months: _____

Number of Part-time employees _____

Number of Full-time employees _____

What type of pre-employment screening is done?

Average Hourly Wage of employee(s)

Does the insured provide any medical benefits to their employees?

Yes No

If so, what percentage of the premium does the employer pay?

Number of employees covered by the medical insurance plan:
