



## Insurance Application

### Restaurant Contamination Insurance

#### APPLICATION INFORMATION

Applicant Name:	
Address:	
Contact Name and Title:	
Telephone:	
Website:	
Year business started:	
No. of Restaurant Locations:	

#### OPERATIONS

Restaurant Trade Names:	
Description of Operations:	
Types of Meals/Products:	
Average Profit Margin:	
Total Annual Revenue:	
Total Number of Employees:	
Employees at Largest Restaurant:	

#### RESTAURANT DETAILS

Average Restaurant Annual Data		Largest Restaurant Annual Data	
Revenue:	\$	Revenue:	\$
Net Income:	\$	Net Income:	\$
Fixed Expense:	\$	Fixed Expense:	\$
Payroll:	\$	Payroll:	\$
Meals Per Week:	\$	Meals Per Week:	\$
Average Guest Check:	\$	Average Guest Check:	\$

#### FRANCHISE INFORMATION

Do you operate under a franchise agreement? If YES, provide the name of the franchisor:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you collect royalty revenue from any franchisee restaurants pursuant to a franchise agreement? If YES, please provide details of the royalty arrangement:	Yes <input type="checkbox"/> No <input type="checkbox"/>

### TOP 3 SUPPLIERS

Supplier	Product	Last Audit Date	Subrogation Rights
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

### TOP 3 DISTRIBUTORS

Supplier	Product	Last Audit Date	Subrogation Rights
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

### CONTAMINATION RISK MANAGEMENT PROCEDURES

Identify all written food safety procedures in place (attach a copy to application):	
Food Handling:	
Sanitation:	
Cooking Methods:	
Are ServeSafe Procedures utilized?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there Franchise agreements in place that require compliance with written procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Hazard Analysis Critical Control Point (HACCP) Plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are audits/checks in place to confirm employee compliance with procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### EMPLOYEE TRAINING

Identify elements of new employee kitchen sanitation training:	
Personal Hygiene:	
Food Temperature:	
Storage:	
Equipment/Workstation Sanitation:	
Cross Contamination:	
Cutting Boards:	
Are there refresher courses?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## CRISIS MANAGEMENT

Is there a written Crisis Management Plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, who is the designated spokesperson?	

## PREVIOUS INCIDENTS

Does your company, any of its officers, directors, or risk managers have any knowledge of any circumstance, fact, or other information which might develop or lead to a loss or claim under this insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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## PREVIOUS INCIDENTS

During the last five years, has any restaurant experienced any of the following incidents:

Incident	Description	Financial Impact
On-Premises Contamination		
Supplied Product Contamination		
Malicious Contamination		
Extortion Demand		
Workplace Violence		
Citation or closure by a public health authority		
Contagious person (employee or guest)		
Other		

**\*\*If you answered YES to any of the questions above, please complete the attached Claim Supplemental.**

## Claim Supplemental

Named Insured:

Date of Incident:

Description of Incident:

Did this incident result in a recall or withdrawal of product from any third party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this incident the result of defective/contaminated raw material or supplied product?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this incident result in costs to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this incident result in costs to third parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Percentage of product upon discovery of the incident: In production: ____%    In Storage: ____%    Post Shipment: ____%	
Indicate all costs incurred by you or a third party associated with the incident, independent of any insurance coverage: Recall Costs: Cost to replace/repair products: Loss of Profit/ Business Interruption: Third-Party Costs: Marketing/Brand Rehabilitation Costs: Other Costs: TOTAL COSTS:	
Were any of these costs indemnified by a third-party or supplier? If YES, how much? Describe:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you still incurring costs or have any outstanding liabilities associated with this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any of the above costs covered under a Restaurant Contamination policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any of the above costs covered under a different insurance policy (i.e. GL, Property, B&M)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What corrective actions, if any, have been implemented to prevent similar incidents from happening in the future?	
Additional comments or consideration:	

## **FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

## **STATE FRAUD WARNINGS**

**NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:**

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.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any

insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S NAME AND TITLE:**

**APPLICANT'S SIGNATURE:**

**DATE:**