

## Workers' Comp - Catering

For a complete submission, please include the following information:

□ ACORD Application 130

□ Supplemental Questionare

If you don't see what you need or have any questions, please email your underwriter: Lexi@cidinsurance.com

## CID Insurance Programs Inc. DBA CID Insurance Services

## RESTAURANT GROUP/PROGRAM QUESTIONNAIRE CLASS CODE: 9079 OR 8078

INSURED: APP/POLICY#		
TYPE OF OPERATION:		
Coffee Shop	Fine Dinging	Family-style
Restaurant serving dinner only	Sandwich Shop	Catering
Beverage Preparation Shop	Breakfast and Lunch only	Cafeteria
Ice cream or Frozen Yogurt Shop	Pizza Parlor	Micro Brewery
1. The governing class is 9079 or 8078		Yes No
2. There are no classifications other than 9	079 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 t	•	
8. If this is a fine dining establishment, what	at is the % of off premise catering?	
9. The insured is not one of the ineligible of	perations noted on page 2.	Yes No
10. The insured has addressed the following		
A procedure to immediately clean u	p spills on floors	Yes No
A proper lifting procedure		
A procedure in handling hot oil		
11. Does the insured operate a micro brewe	ery at any location?	
If so, is a Safety Procedure in place a		
Checking contents of brewing vats b		
Is there reinforcement of the use of	personal protective equipment?	
Does employer have Safety Locks or	all steam valves?	
12. The insured has been in business at leas	it 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 th	ne
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 yea		
15. The insured had cance	ellation(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):



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Page 2

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 if 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:	