

Workers' Comp - Catering

For a complete submission, please include the following informatior	n :
- ACODD Application 120	
□ ACORD Application 130	

□ Supplemental Questionare

If you don't see what you need or have any questions, please email your underwriter:

Darby@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 Restaurant serving dinner only Beverage Preparation Shop Ice cream or Frozen Yogurt Shop	Fine Dinging Sandwich Shop Breakfast and Lunch only Pizza Parlor	Family-style Catering Cafeteria Micro Brewery	
 The governing class is 9079 or 8078 There are no classifications other than 9 California locations only. The insured is open between the hours of the control of the	of 6:00am and 10:00pm —	Yes No Yes No Yes No Yes No No	
6. There is no entertainment. Bouncers, or	_	Yes No	
 7. Liquor receipts are% of to 8. If this is a fine dining establishment, who 9. The insured is not one of the ineligible of 10. The insured has addressed the following 	at is the % of off premise catering? perations noted on page 2.	Yes No	
A procedure to immediately clean u	•	Yes No	
A proper lifting procedure	•		
A procedure in handling hot oil			
11. Does the insured operate a micro brewe			
If so, is a Safety Procedure in place a			
Checking contents of brewing vats b			
Is there reinforcement of the use of			
Does employer have Safety Locks on		2 Vas□ Na□	
12. The insured does not have more than 1			
13. The insured does not have more than 1 Past 3 years.	adverse yr. (over 65% 10ss ratio) iii tr	Yes No	
14. The insured has not had more than one	claim per \$200,000 of payroll under	res NO	
class 9079 or 8078 within the last 3 year			
15. The insured had cance			
13. The insured flux	mation(3) in the past 3 years.		
Please provide details on any claim(s) reserved additional space):	ved for \$25,000 or more. (Please use	separate page for	



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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 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:	