



## **CID Insurance Services**

THE BROKERS PREFERRED WHOLESALE SOLUTION

### **Workers' Comp - Restaurants**

For a complete submission, please include the following information:

- ☐ ACORD Application 130
- ☐ Questionnaire

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

[Darby@cidinsurance.com](mailto: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:

- |                                                          |                                                   |                                        |
|----------------------------------------------------------|---------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Coffee Shop                     | <input type="checkbox"/> Fine Dining              | <input type="checkbox"/> Family-style  |
| <input type="checkbox"/> Restaurant serving dinner only  | <input type="checkbox"/> Sandwich Shop            | <input type="checkbox"/> Catering      |
| <input type="checkbox"/> Beverage Preparation Shop       | <input type="checkbox"/> Breakfast and Lunch only | <input type="checkbox"/> Cafeteria     |
| <input type="checkbox"/> Ice cream or Frozen Yogurt Shop | <input type="checkbox"/> Pizza Parlor             | <input type="checkbox"/> 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:  
A procedure to immediately clean up spills on floors Yes ☐ No ☐  
A proper lifting procedure  
A procedure in handling hot oil
11. Does the insured operate a micro brewery at any location?  
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):

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**RESTAURANT GROUP/PROGRAM  
QUESTIONNAIRE  
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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.

\_\_\_\_\_  
Yes ☐ No ☐

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

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?

\_\_\_\_\_  
\_\_\_\_\_  
Yes ☐ No ☐

Average Hourly Wage of employee(s)

Does the insured provide any medical benefits to their employees?

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

Number of employees covered by the medical insurance plan:

\_\_\_\_\_  
\_\_\_\_\_