

<u>Workers' Comp - Food Service</u> (Fast Food, Deli, Bakery, Catering)

For a complete submission, please include the following information:

□ ACORD Application 130

- □ Business FEIN #
- □ Supplemental Application
- □ 4 Years Currently Valued Loss History Regardless of Lapse in Coverage
 - If lapsed, provide date and reason
 - For new venture, provide date of first employee hire (loss runs not required)

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

Food Service, Restaurants & Bars Supplemental Application

(To be Completed with Acord 130 application)

Named Insured:		Insured's FEIN:	
Type of Operation:			
Coffee Shop	Fine Dining	Family-Style	
Fast Food/Fast Casual	Sandwich Shop	Catering	
Bar or Tavern	Doughnut Shop	Mobile Food Vending	
Hotel/Motel Food or Beverage			
 Do any employees or uninsured performers provide live entertainment? 			🗌 Yes 🗌 No
 Does the insured conduct any off-premise catering or food truck operations? 			🗌 Yes 🗌 No
What percentage of the insured's sales are from liquor?			🗌 Yes 🗌 No
Does the insured have any operations after 2AM?			🗌 Yes 🗌 No
• Is there a delivery exposure?			🗌 Yes 🗌 No
 Is it done by a 3rd party or employees? 			🗌 Yes 🗌 No
 If employees, are MVRs for all drivers reviewed by the insured or the insured's commercial auto insurer? 			🗌 Yes 🗌 No
 Does the insured have a vehicle inspection and maintenance program in place? 			🗌 Yes 🗌 No
Are minors allowed on the premises?			🗌 Yes 🗌 No
Does the insured maintain a type 42, 48 or 61 ABC License?			🗌 Yes 🗌 No
Is there full table service?			🗌 Yes 🗌 No
• Do customers order through a waiter or kiosk, online or drive through window?			🗌 Yes 🗌 No

Note: All information provided for the purpose of securing insurance coverage is subject to underwriting verification, an underwriting survey and/ or inspection. You must notify us of any significant change in operations or payroll. Terms may be rescinded, or coverage cancelled if any person knowingly conceals information, and/or provides any inaccurate or materially false information for the purpose of obtaining insurance coverage.

Signature of Applicant: _____ Date: _____