



The Brokers Preferred Wholesale Solution

Workers' Comp - Restaurants

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: _____

Check each applicable operational department / category:

- | | | |
|--|---|--|
| <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 |

- What type of pre-employment screening is done? 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
- Does the insured have any operations after 2AM? Yes No
- 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

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 Terms may be rescinded, or coverage cancelled if any person knowingly conceals information, and/or provides any inaccurate or materially false information for the purpose of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: _____