

NAME: _____ FEIN/SSN: _____

CONTACT NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____ WEBSITE URL: _____

1. Detailed description of operations: _____

2. Any prior coverage? Yes No If so, forward any loss runs for the last 5 years

3. Have you ever had Worker's Comp coverage under another name? Yes No If yes, please explain: _____

4. Years in business: _____

5. Written Safety Program in place? Yes No

6. Written Drug Testing Policy in force? Yes No

7. Are all employees LA Residents? Yes No If no, please explain: _____

8. Are all employees US Citizens? Yes No If no, please explain: _____

9. Total number of employees (including 1099 workers): _____

10. How are employees paid? W-2 1099 Check Cash Other Explain other: _____

11. Days/ Hours of operation: _____

12. What type of training do employees receive? _____

13. Are all employees trained to use equipment? _____

14. How often is equipment checked or serviced? _____

15. Are all cutting machines equipped with the proper guards? Yes No

16. Is any food deep fried? Yes No

a. Are employees trained how to put out grease fires? Yes No

17. Are fire extinguishers and first aid kits available to all employees? Yes No

a. Are employees trained to use them? Yes No

18. Is the restaurant equipped with a fire suppression system? Yes No

19. What percentage of sales are from alcohol? _____

20. What procedures are taken to prevent slip/fall injuries? _____

21. Are deliveries offered? Yes No

a. If yes, what is max radius of travel? _____

b. Are company vehicles or personal vehicles used? _____

22. Number of employees: Wait Staff: _____ Kitchen Staff: _____ Clean-Up/Maintenance: _____ Delivery: _____

Signature of Applicant: _____ Date: _____