



Restaurant contamination

Application form

United States



RESTAURANT CONTAMINATION

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Restaurant Contamination policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a director of the applicant company and should make all the necessary inquiries of their fellow directors, officers and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

SECTION 1: COMPANY AND RESTAURANT DETAILS

1.1 Please provide the following details:

Insured company:	
Address:	
Zip code:	
Year of establishment:	Website:

1.2 Please indicate the type of restaurant you operate:

- | | | |
|---|---|---|
| <input type="checkbox"/> Fast food | <input type="checkbox"/> Casual dining | <input type="checkbox"/> Fine dining |
| <input type="checkbox"/> Café | <input type="checkbox"/> Buffet | <input type="checkbox"/> Bistro/brasserie |
| <input type="checkbox"/> Pop-up/temporary | <input type="checkbox"/> Transportable/food truck | <input type="checkbox"/> Food stand |
| <input type="checkbox"/> Soup kitchen | | |

1.3 Please state your sales in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Total sales	\$	\$	\$
Profit / (Loss)	\$	\$	\$



1.4 Please provide the following details for the restaurants you operate to be insured by this policy *and continue on the ADDITIONAL INFORMATION page if necessary:*

Restaurant address	Type of food and beverage sold	Average daily sales	Average number of individual customers per day	Average price per meal
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

SECTION 2: QUALITY ASSURANCE

- 2.1 In respect of the restaurants listed in Q1.4:
- a) do they comply with all applicable food handling, safety and hygiene regulations? Yes No
 - b) are employees provided with regular training on food handling, safety and hygiene? Yes No
 - c) do your employment contracts require employees to comply with food handling, safety and hygiene regulations? Yes No
 - d) do you employ any employees on a temporary basis? Yes No

2.2 Do you have a written emergency/crisis plan? Yes No
If 'yes', please attach a copy to this application.

- 2.3 In respect of suppliers of food and beverage for the restaurants listed in Q1.4:
- a) do you use any supplier across more than one of the restaurants? Yes No
 - b) does a single supplier supply more than 20% of your total food and beverage? Yes No
 - c) have you been using any supplier for less than 12 months? Yes No
 - d) do you maintain full rights of recourse against all suppliers? Yes No
 - e) please provide the following details for your three largest suppliers:

Supplier name	Food and beverage supplied	Annual contract value	Supplier location
		\$	
		\$	
		\$	

2.4 Please provide details on the type of testing you perform on supplied food and beverage *and continue on the ADDITIONAL INFORMATION page if necessary:*



SECTION 3: INSURANCE REQUIREMENTS

3.1 Please state the following:

a) limit of insurance you are seeking:

b) when you would like the insurance to start:

SECTION 4: CLAIMS EXPERIENCE

AFTER FULL INQUIRY:

a) are you aware of any circumstances, including any government or regulatory investigation, which may give rise to a claim under this policy?

 Yes No

b) are you aware of any loss or damage (relating to the restaurants to be insured by this policy), whether insured or not, that has occurred to any of the companies to be insured within the last 5 years?

 Yes No

If you have answered 'yes' above, please provide further details *and continue on the ADDITIONAL INFORMATION page if necessary:*

SECTION 5: DECLARATIONS

- I declare that AFTER FULL INQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Signed: _____ Full name: _____

Position held: _____ Date: _____ MM / DD / YY

ADDITIONAL INFORMATION: