

APPLICANT INFORMATION

Applicant Name: _____

Applicant Mailing Address: _____

Agency Name: _____

Effective Date: _____

GENERAL INFORMATION

1. Website Address: _____
2. TripAdvisor Rating: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. How many years has this operation been in business? _____ At same location? _____
4. How many years of experience does the current management possess? _____
5. Type of restaurant: ☐ Bakery ☐ Buffet ☐ Burrito/Taco Shop ☐ Coffee Shop ☐ Cafeteria
(mark all that apply) ☐ Deli ☐ Fine Dining ☐ Family ☐ Fast Food ☐ Sports Bar
☐ Pizzeria ☐ Other _____
6. What is the restaurant's seating capacity? _____
7. Is this a seasonal operation? ☐ Yes ☐ No
8. Is this a franchised operation? ☐ Yes ☐ No
If Yes, what franchise? _____
9. Are there take-out operations? ☐ Yes ☐ No
10. Food Sales: \$ _____ Liquor Sales: \$ _____ Catering Sales: \$ _____ Total Sales: \$ _____
11. Hours of operation: Sun.: _____ Mon.: _____ Tues.: _____ Wed.: _____
Thurs.: _____ Fri.: _____ Sat.: _____ Other: _____
12. Cooking equipment: _____ Broilers _____ Deep Fat Fryers _____ Grills _____ Hearth
(enter # of each) _____ Oven ☐ Other _____
_____ Ranges ☐ Other _____
13. Fuels used: (mark all that apply)
☐ Charcoal ☐ Electric ☐ Gas ☐ Oil ☐ Wood ☐ Other _____
13. Has the Applicant maintained an operating profit for the last five years? ☐ Yes ☐ No
If No, please explain: _____
14. Are bank deposits made daily? ☐ NA ☐ Yes ☐ No
If No, please describe how money is protected until deposit: _____



PROTECTION

- | | | | |
|--|--|------------------------------|-----------------------------|
| 1. Is the kitchen equipped with an automatic extinguishing system? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Does this system cover all cooking and ventilation equipment? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is this system UL 300/NFPA compliant? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is this system equipped with automatic fuel shutoffs? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does this system receive service at least every 6 months? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the cooking equipment equipped with remote manual fuel shutoffs? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the cooking equipment receive regular service? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the equipment serviced by an outside contractor? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are the cooking areas equipped with non-combustible filters? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is a cleaning of the hood and duct system performed at least every 6 months? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the hood and duct system cleaned by an outside contractor? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the kitchen equipped with UL listed grease extractors? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What is the frequency of cleaning of the grease extractors? | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____ | | |
| Are the grease extractors cleaned by an outside contractor? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has all cooking equipment been upgraded within the last 10 years? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Not, please provide what updates have been completed: _____ | | | |
| <hr/> | | | |
| 8. Is the refrigeration equipment protected by temperature monitors/alarms? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does the Applicant have generators in place to protect stock in the event of a power outage? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Does the Applicant possess a maintenance agreement on refrigeration equipment? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is the restaurant located on <input type="checkbox"/> One floor <input type="checkbox"/> Multiple floors | | | |
| 12. Is the basement used for cooking and/or storage? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Does the applicant regularly inspect all food and ingredients as they come into the restaurant? | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Does the applicant use any reduced oxygen packaging methods? (i.e. Sous-Vide) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Does the applicant have a HACCP plan in place? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

GENERAL LIABILITY

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does the Applicant perform regular sweeping/mopping and/or floor inspections? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are logs kept for all cleaning operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is there a sanitation manager employed with proper hygiene procedures established? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the Applicant contract pest control services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the Applicant contract snow/ice removal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the Applicant receive a certificate of insurance from all contractors doing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Maintenance of automatic extinguishing systems including sprinklers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Maintenance of hood/duct/filtering systems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Cleaning/Maintenance of grease traps? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Refrigeration maintenance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Pest control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Ice/Snow removal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. All other maintenance or contractor work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. All suppliers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



6. Does the Applicant package, repack, or label any items for sale? ☐ Yes ☐ No
If Yes, please describe: _____
7. Is there any cooking at customers' tables? ☐ Yes ☐ No
8. Is there live entertainment and/or dancing on premises? ☐ Yes ☐ No
9. Is there other entertainment—pool table, darts, game of chance, playgrounds, bocce, karaoke, etc.—in the restaurant? ☐ Yes ☐ No
10. Is the parking lot maintained and does it have adequate lighting? ☐ Yes ☐ No
11. Is there sponsorship of any sports teams or special events? ☐ Yes ☐ No
If Yes, please describe: _____
12. Does the building contain any habitational units? ☐ Yes ☐ No
13. Is there adequate means of egress from the restaurant, the kitchen and the basement? ☐ Yes ☐ No
14. Does the Applicant import any food products? ☐ Yes ☐ No
If Yes, what percentages of total ____% and please describe items:

AUTOMOBILE

1. Are there any catering operations? ☐ Yes ☐ No
2. Does the Applicant do any delivery? ☐ Yes ☐ No
- a. If Yes to question #1 or #2, are there any vehicles owned by the applicant? ☐ Yes ☐ No
- b. If Yes to question #1 or #2, are there any employee personal vehicles used? ☐ Yes ☐ No
- c. If Yes to question #1 or #2, # of vehicles owned ____ # of personal vehicles used ____
- d. If Yes to question #1 or #2, does Applicant regularly review all drivers' motor vehicle records for acceptability? ☐ Yes ☐ No
- e. If Yes to question #1 or #2, does the Applicant have a vehicle maintenance program in place? ☐ Yes ☐ No
- f. If Yes to question #1 or #2, what is the maximum radius of operation? _____
- g. If Yes to question #1 or #2, # of drivers ____ # of stops on a typical shift _____
- h. Is there a distracted driving policy in place for all drivers? ☐ Yes ☐ No
3. Does the Applicant have valet parking services? ☐ Yes ☐ No

LIQUOR LIABILITY (Complete if you are requesting a Liquor Liability quote)

1. Are there any Happy Hours or other events when drinks are sold at a lower price? ☐ Yes ☐ No
2. Does the Applicant train all employees for Heimlich maneuver and alcohol awareness (TIPS)? ☐ Yes ☐ No
3. Are alcohol servers allowed to refuse service to a customer? ☐ Yes ☐ No
4. Describe ID checking procedures: _____
5. How long has the Applicant had a liquor license for this location? _____
6. Has the current license or any other license held by the Applicant been suspended or revoked? ☐ Yes ☐ No
7. Has any fine been paid or citation issued against the Applicant for illegal serving of alcohol? ☐ Yes ☐ No
8. Is Applicant in compliance with all state requirements for the serving of alcoholic beverages? ☐ Yes ☐ No
9. Has the Applicant had any alcohol liability claims during the past 5 years? ☐ Yes ☐ No
10. Has the Applicant ever had a Liquor Liability policy cancelled or nonrenewed? ☐ Yes ☐ No



WORKERS' COMPENSATION (Complete if you are requesting a WC quote)

1. Number of full-time employees: _____ Number of part-time employees: _____
2. Do you have a formal selection/hiring process in place? ☐ Yes ☐ No
3. Do you offer health benefits to full-time employees? ☐ Yes ☐ No
4. What is the employee turnover percentage on an annual basis? _____%
5. Does management have a commitment to safety along with a safety person, a safety committee and a formal accident investigation process? ☐ Yes ☐ No
- If Yes, please explain: _____
6. Do you have a formal written safety program in place and provide ongoing training? ☐ Yes ☐ No
7. Is training provided for the following?:
- Material handling? ☐ Yes ☐ No Maximum weight lifted? _____ lbs.
- Knife safety and use? ☐ Yes ☐ No
- Personal protective equipment provided and trained for its use? ☐ Yes ☐ No
- Kitchen equipment and appliances? ☐ Yes ☐ No
- Hazardous material (cleaning chemical) handling? ☐ Yes ☐ No
8. Do you have a return to work program? ☐ Yes ☐ No

PRODUCTS RECALL (Complete if requesting coverage)

1. Does the Applicant have a formal quality control process? ☐ Yes ☐ No
2. Is there a recall or market withdrawal plan in place and compliant with FDA guidelines? ☐ Yes ☐ No
3. Were FDA inspections completed regularly over the last 5 years? ☐ Yes ☐ No
4. Are there risk transfer procedures in place? ☐ Yes ☐ No
5. Does the Applicant keep detailed records of products distribution process? ☐ Yes ☐ No
6. Is there a formal complaint handling process in place? ☐ Yes ☐ No
7. Have there been any products recall claims in the last 5 years? ☐ Yes ☐ No
- If Yes, please describe: _____
- _____

Signature of Authorized

Entity Representative: _____ **Date:** _____