

HARTFORD ADDITIONAL UNDERWRITING QUESTIONS FOR

RESTAURANT EXPOSURE

Please complete ALL 5 pages and submit with application.

1. Is this risk a franchise?

Yes*

No

* If the answer is yes, please name franchise.

1.A Select all of the cooking methods used at the customer's restaurant(s).

Tableside hibachi

Solid fuel cooking equipment using charcoal, wood or coal

2. Please select the type of cuisine:

All Other

American

Asian (other than Chinese)

Chicken

Chinese

Deli

Hamburger

Italian

Mexican

Pizza

Seafood

Steak

LRO Various

Beverages

Baked Goods

Ice Cream

Tandoor

None of the above

3. Does the restaurant have a drive thru window?

Yes

No

4. Does the restaurant have an electronic Point of Sale that tracks inventory and sales?

Yes

No

5. Are there any stairs or steps within the restaurant (other than in the kitchen)?

Yes

No

6. Has the restaurant been visited in the past year to confirm it is a desirable insurance risk?

Yes

No

7. Does the restaurant close more than 30 consecutive days?

Yes

No

8. How many years has the restaurant been in business under the current ownership with this name?

9. What percentage of total sales comes from the sale of alcohol?

10. Is the latest closing time after 2 am or is it open 24 hours a day?

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11. Does the restaurant offer delivery?

Yes No

If yes, what percentage of sales does delivery account for?

What is the radius of delivery?

Who does the delivery?

- Employees of the restaurant
- Independent contractors
- Other

If independent contractors do deliveries, does the insured obtain certificated confirming Workers Compensation coverage?

If other, describe who does the delivery.

11. What controls does the restaurant employ to ensure the safety of employees during delivery operations (select all that apply)?

- Credit card payment only
- Absence of signage on vehicle
- Limits on the amount of cash a driver can carry
- Call back procedures for first time customers
- Call ID with address lookup
- Identify safe area of operation
- Other
- None of the above

If other, describe the other controls in place.

12. Does the restaurant have a minimum of two means of egress?

Yes No

13. What types of employee safety training are conducted (select all that apply)?

- General orientation
- Safe use of equipment
- Handling of knives
- Cleaning of equipment
- Maintenance of equipment
- Cleaning and maintenance of floors
- Lifting and material handling
- No training
- Other

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14. How is the training conducted? (select all that apply)

- On-the-job training
- Assigning a mentor
- Video instruction
- Formal safety meetings

If other safety training is conducted, please describe the training.

15. What is the insured's procedure for ensuring proper care of floors (select all that apply)?

- Place floor mats in areas prone to spills
- Place floor mats at entryways during inclement weather
- Require daily cleaning of floors and mats
- Require weekly cleaning of floors and mats
- Require employees to wear appropriate footwear
- Other

If other, describe the insured's procedure for ensuring proper care of floors.

16. Does the insured allow anyone under the age of 18 to operate meat slicers, meat grinders, commercial mixers or similar equipment?

- Yes No

17. Does the restaurant management investigate accidents and provide employee training where appropriate?

- Yes No

18. Are there any uncommon exposures for this risk (such as entertainers, carhop service, petting zoos, boats, child themes, or adult themes)?

If yes, describe the exposure

If state is not AK, CA, MA, MT, NJ, NY, or OR, please describe the operations conducted for all class coded in rating other than 9082, 9083, 9079, 8810.

19. Are all employees given appropriate training in how to act in the event of a robbery?

- Yes No

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20. If Extended Broad Form is requested, are any employees involved in work on or near navigable waterways?

If yes, please describe operations on or near waterways.

21. Does the insured have more than 50% interest in any other business?

Yes No

If the insured does have more than 50% interest in this submission, is it insured in this submission?

If the other business is not listed as a named insured in this submission, it is insured elsewhere?

If the other business is not insured elsewhere, is there an interchange of labor?

If there is no interchange of labor, provide the insured's other policy number, carrier, and effective dates.

If the other business is listed as a named insured in this submission, are the appropriate payrolls and classes included in the submission?

If the appropriate payrolls and classes are not included, please explain why the exposures for the other business are not included in this submission.

22. Are workstations ergonomically designed at all locations?

Yes No

If workstations are not ergonomically designed at all locations, please explain.

23. Are all employees provided with training/education on ergonomic issues?

Yes No

If all employees are not provided with training/education on ergonomic issues, please explain.

24. Insured's loss prevention controls include (select all that apply)

- Insured has a written safety program
- There is a preventive maintenance program in place for tools and equipment
- A formal lockout/tag out program is in place for machinery
- Machines and tools are properly guarded
- Management is focused on safety and takes an active role in ensuring standards are adhered to
- Insured has a documented vehicle preventive maintenance program
- Other
- None of the Above

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25. How many years of management experience in the trade does the business owner have?

26. How was the business started?

- Purchased
- Transfer of ownership
- Inherited
- New Start-up/New Venture

27. Please check all types of managerial experience in the trade in which the insured has engaged.

- Negotiating contracts with clients
- Owned another business previously
- Running Payroll
- Bidding on jobs
- Job site supervision
- Other HR duties
- Accounts Payable/Receivable
- Supervising sub-contractors
- Hiring Employees

28. Please comment on any other information regarding the insured's experience we should consider in our underwriting decisions.

29. Explain other loss preventive controls in place.

30. Is the customer's primary operation a motorized food truck or mobile restaurant/food trailer pulled by a motorized vehicle?

Yes No

31. Is the customer's business located within a convenience store or gas station?

Yes No

32. Is the customer's primary operation:

- Bar or Night Club
- Dinner Theater
- Located on a Boat, including Dinner Cruises and Floating Restaurants
- None of the Above