

Restaurant Supplemental

Employer: _____

Website: _____

General Information

1) In operation since (year): _____

2) Detailed description of business:

3) Does the organization have at least 3 years of prior workers' compensation coverage? Yes No

a) If no, note Owner/Manager's management experience: _____ year(s)

4) Describe area where restaurant is located: _____

5) Type of building (i.e., freestanding building, strip mall, etc.): _____

6) Hours of operation on weekdays: _____

Hours of operation on weekends: _____

7) What security measures are used? (i.e., surveillance cameras, safes, alarm systems, etc.)

8) Percentage of sales from alcohol: _____%

9) Does the organization have live entertainment? Yes No

a) If yes, what type and how often?

b) If yes, are Certificates of Insurance collected? Yes No

Employees

1) Describe the organization's hiring practices:

2) How much experience is required for new hires? _____

3) Number of full-time employees: _____ Part-time employees: _____

4) Is COVID-19 vaccination mandated (or will it be mandated) by the employer for employees? Yes No

5) How many employees have received the COVID-19 vaccine as of today? _____

Safety Program

- 1) Does the organization have a formal safety program? Yes No

a) If yes, please describe or provide a copy:

b) If no, would the organization be willing to implement a formal safety program? Yes No

- 2) Does the organization provide employees slip-resistant shoes? Yes No

a) Are slip mats supplied? Yes No

- 3) Select drug testing programs the organization has in place:

Pre-employment drug testing

Post-accident drug testing

Random drug testing

For cause

- 4) Describe the opening and closing procedures of the restaurant:

- 5) Does the restaurant offer delivery and/or catering? Yes No

a) If yes, percentage of payroll designated to drivers: _____%

- 6) Additional comments:

Employer Signature: _____

Date: _____