

## 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: \_\_\_\_\_