



Workers Compensation Supplemental Application Restaurant - Tavern

Account Information	
Named Insured:	
Federal Employer ID No.:	
Website:	
Contact Name/Number:	
Date Business Opened:	
Prior Premium Information	
Expiring:	
Prior Year:	
Prior Year:	
Prior Year:	
Prior Payroll Information	
Projected Payroll:	
Last Year:	
Prior Year:	
Prior Year:	
Operations and Benefits	
Detailed Description of Operations:	
Hours of Operation and Number of Shifts:	
Driving or Delivery Mileage:	<input type="checkbox"/> <50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101+ <input type="checkbox"/> No Driving Exposures
Group Transportation (more than 4 employees):	<input type="checkbox"/> No <input type="checkbox"/> Yes
Full Time Employees:	
Part Time Employees:	
Seasonal Employees:	

Account Information	
Independent Contractors Used:	<input type="checkbox"/> No <input type="checkbox"/> Yes Job Function:
Any Industry Group Membership:	<input type="checkbox"/> No <input type="checkbox"/> Yes Association:
Group Health Coverage:	<input type="checkbox"/> No <input type="checkbox"/> Yes Plan Name:
MVR Checks	<input type="checkbox"/> No <input type="checkbox"/> Yes
Criminal Background Checks:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Subcontractors Used:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what % of payroll is assigned to subs: %
Are certificates of insurance obtained for subs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Restaurants & Taverns/Bars	
Liquor Percentage	
Total Annual Revenue	
Live Entertainment	<input type="checkbox"/> Live Band <input type="checkbox"/> DJ <input type="checkbox"/> Dance Floor <input type="checkbox"/> None
Adult Entertainment	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Included in payroll?
Security	<input type="checkbox"/> None <input type="checkbox"/> Armed <input type="checkbox"/> Employee <input type="checkbox"/> Third Party
New Venture?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If new venture, please provide a bio	
Safety Program and Organization	
Safety Program in Place:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes: <input type="checkbox"/> Formal/Written <input type="checkbox"/> Informal/Verbal
Lifting Exposures:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> <25lbs <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+ lbs
Machinery Guarded:	<input type="checkbox"/> No <input type="checkbox"/> Yes

Owner/Officer: _____ Date: _____ / _____ / _____