

# FRANCHISE FOOD APPLICATION WORKERS COMPENSATION

Owner Operator Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Individual   
  Corporation   
  Partnership   
  LLC   
  Joint Venture   
  Other

NCCI ID NUMBER: \_\_\_\_\_ FEIN: \_\_\_\_\_ NO. OF YEARS IN BUSINESS: \_\_\_\_\_

**TOTAL NUMBER OF STORES:** \_\_\_\_\_ **FREESTANDING** \_\_\_\_\_ **ALL OTHER:** \_\_\_\_\_

**OFFICE LOCATIONS:** \_\_\_\_\_ **WAREHOUSE:** \_\_\_\_\_ **OTHER** \_\_\_\_\_

| Name of all Owners & Officers | Title | % of Ownership | WORKERS' COMPENSATION | DUTIES                       | ANNUAL RENUMERATION |
|-------------------------------|-------|----------------|-----------------------|------------------------------|---------------------|
|                               |       |                | Include<br>Exclude    | Restaurant<br>Administrative |                     |
|                               |       |                | Include<br>Exclude    | Restaurant<br>Administrative |                     |
|                               |       |                | Include<br>Exclude    | Restaurant<br>Administrative |                     |

**GENERAL QUESTIONS:**

- |   |                           |                          |
|---|---------------------------|--------------------------|
| 1. Do you deliver?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 2. Any business owned vehicles?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 3. Do you have any past, present or discontinued operations involved in storing, treating, discharging, applying disposing or transporting of hazardous material? | <input type="radio"/> YES | <input type="radio"/> NO |
| 4. Any employees under 16 years of age?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 5. Any seasonal employees?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 5. Do employees travel out of state?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 7. Does the applicant own, operate or lease aircraft/watercraft?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 8. Is the application involved in any other business?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 9. Any subcontractors used?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 10. Any quote subcontracted out without certificates of insurance?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 11. Is a formal safety program in place?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 12. Any group transportation provided?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 13. Any volunteer, donated or leased labor?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 14. Any employees physically challenged?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 15. Are athletic teams sponsored?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 16. Slip Resistant Shoe Program in Place?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 17. Has "Aegis" or "No-Slip" floor treatment been applied within the last 1-2 years?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 18. Do you have a bulk oil handling system at each store?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 19. Do you offer transitional return to work tasks for injured employees?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 20. Any prior coverage declined, cancelled or non-renewed in the last 3 years?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 21. Drug testing (pre/post/random)?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 22. Is there any screening or background checks performed as part of hiring?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 23. Are there cameras in the parking lots?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 24. Is there training for robberies?  | <input type="radio"/> YES | <input type="radio"/> NO |

PLEASE COMMENT ON ANY YES RESPONSES ON A SEPARATE SHEET

**ADDITIONAL QUESTIONS**

- ▶ Who is responsible for safety?
  
- ▶ Are the store managers' bonuses dependant on safety? If so, what % is directly tied to safety/losses?
  
- ▶ What non-store specific staff is there (regional managers, safety, HR, etc.) within your organization?
  
- ▶ What is the auto exposure (if any) from these people (regional managers, safety, HR, etc.)?
  
- ▶ Please provide details on the non-skid shoe program (what type, is it required, do they pay, etc)?
  
- ▶ What is the starting salary for crew workers?
  
- ▶ What is the local minimum wage?
  
- ▶ Do you have any safety incentive programs for employees?
  
- ▶ Is there any standardized training for robberies, if so please explain?

**RENEWAL DATE:****CURRENT CARRIER:****CURRENT PREMIUM:**

**PLEASE ATTACH 5 YEARS CURRENTLY VALUED LOSS INFORMATION ALONG WITH A COPY OF YOUR CURRENT EXPERIENCE RATING WORKSHEET TO RECEIVE A QUOTE**

**OWNER OPERATOR SIGNATURE****DATE:**

**STORE INFORMATION**

STORE NUMBER: \_\_\_\_\_

DATE ACQUIRED: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have an affiliated management company?

If yes, name: \_\_\_\_\_

STATE UNEMPLOYMENT ID NUMBER: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Experience Modification Factor: \_\_\_\_\_

**HOURS OF OPERATION**

| DAY OF THE WEEK | HOURS | Drive Thru Hours |
|-----------------|-------|------------------|
| MONDAY          |       |                  |
| TUESDAY         |       |                  |
| WEDNESDAY       |       |                  |
| THURSDAY        |       |                  |
| FRIDAY          |       |                  |
| SATURDAY        |       |                  |
| SUNDAY          |       |                  |

**PAYROLL CLASSIFICATIONS**

| CLASS CODE | NUMBER OF EMPLOYEES PART TIME | NUMBER OF EMPLOYEES FULL TIME | DUTIES                    | ESTIMATED ANNUAL PAYROLL |
|------------|-------------------------------|-------------------------------|---------------------------|--------------------------|
|            |                               |                               | RESTAURANT                |                          |
|            |                               |                               | OFFICE/CLERICAL           |                          |
|            |                               |                               | OUTSIDE SUPERVISORS/SALES |                          |

Please attach 5 years currently valued loss information along with a copy of your current Experience Mod worksheet.