



# TRADE NAME RESTORATION® INSURANCE APPLICATION

## Loss of Business Income & Incident Response for Food Borne Illness

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.  
UNDERWRITING FACILITY - SINCE 1983

P: 800.761.7547 | F: 512.327.5834 | E: underwriting@plisinc.com | W: www.plisinc.com

1. Applicant Company Name: \_\_\_\_\_  
Restaurant Trade Name(s): \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. City, State, Zip Code: \_\_\_\_\_

4. Risk/Crisis Management Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Type of Operation:  Fast Food  Fast Casual  Casual Dining  Fine Dining  Buffet  Other \_\_\_\_\_

6. Total Annual Gross Sales All Locations: \_\_\_\_\_ Number of years in business: \_\_\_\_\_

<p>7. <u>Average store</u></p> <p>a. Annual Gross Sales \$ _____</p> <p>b. Net Income \$ _____ %</p> <p>c. Fixed Expense \$ _____ % (Rent, Debt, Utility, etc.)</p> <p>d. Payroll \$ _____ % (Necessary continuing)</p>	<p><u>Largest store</u></p> <p>a. Annual Gross Sales \$ _____</p> <p>b. Net Income \$ _____ %</p> <p>c. Fixed Expense \$ _____ %</p> <p>d. Payroll \$ _____ %</p>
---	---

8. Total employee count (all locations): Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

9.

Top 5 Food Suppliers (non-distributors):	Product Supplied:
a.	a.
b.	b.
c.	c.
d.	d.
e.	e.

Distributor(s) Utilized:  Sygma/Sysco  US Food Service  McLane  Ben E Keith  Other \_\_\_\_\_

10. Please complete the following for all stores (or, submit in an accompanying Excel Format spreadsheet):

State	Number of Owned Stores	Number of Franchised Stores

Do you have any locations outside of the United States? YES  NO  If yes, please complete the following:

# of Locations	Country	Trade Name

11. a. Average number of meals served per week/per location: \_\_\_\_\_  
b. Average dollar (\$\$) value of guest check: \_\_\_\_\_

12. Metropolitan area (city) with the largest Number of Locations: \_\_\_\_\_

13. a. Planned number of new locations in next 12 months (include expected open date and city/state of new location): \_\_\_\_\_  
b. Planned number of locations to be closed in next 12 months (include expected close date and city/state of location): \_\_\_\_\_

14. Does the Applicant operate/lease/rent any  
 a. Host Kitchen.....YES  NO   
 b. Delivery Only Kitchen space? .....YES  NO
15. Do you have a written procedure for the following?  
 a. Food Handling..... YES  NO   
 b. Cooking Methods..... YES  NO   
 c. Sanitation..... YES  NO   
 Does the Franchise Agreement (if any) require compliance with the above written procedures?.....YES  NO  N/A   
 If no, which procedures are not required and why? \_\_\_\_\_
16. Are all newly hired employees trained in kitchen sanitation practices including, the following?:  
 a. Equipment sanitation ..... YES  NO       d. Food temperatures .....YES  NO   
 b. Cross contamination ..... YES  NO       e. Storage.....YES  NO   
 c. Cutting boards..... YES  NO       f. Personal hygiene.....YES  NO
17. Are there refresher courses or ongoing training for existing employees? .....YES  NO   
 Explain \_\_\_\_\_
18. Do you check to ensure that employees continue to use good food handling procedures and hygiene? .....YES  NO   
 How?\_\_\_\_\_
19. a. Do you have any catering operations? .....YES  NO   
 b. Percentage of total revenues derived from catering:\_\_\_\_\_ %  
 c. Number of locations that provide catering services:\_\_\_\_\_
20. Do any location(s) provide "pick up"/"take out" orders?.....YES  NO   
 Which locations? \_\_\_\_\_  
 Are containers labeled with Food Handling instructions (e.g. storing, reheating, etc.)?.....YES  NO   
*If yes, please provide a sample of the Food Handling instructions*
21. Do you currently have a HACCP plan and/or ServSafe procedures in place?..... YES  NO
22. Do you (or a third party) test food received from suppliers for contamination?..... YES  NO   
*If yes, please describe.* \_\_\_\_\_  
 a. If tests are performed by a third party, who is it? \_\_\_\_\_  
 b. Who verifies that suppliers are meeting their standards, for testing, storing, or transportation of products? \_\_\_\_\_
23. Is there a written crisis management plan in effect to counteract media coverage for a food borne illness?.....YES  NO   
 Who is the designated media spokesperson & what is his/her everyday job title? \_\_\_\_\_
24. During the last five years, has any location experienced or been involved in the following?:  
 a. An accidental or malicious contamination incident resulting in a business interruption .....YES  NO   
 b. An extortion attempt .....YES  NO   
 c. Cited or closed down by any public health authority or civil authority .....YES  NO   
 d. A food borne illness incident resulting in a business interruption .....YES  NO   
 e. A workplace violent event .....YES  NO   
 f. A supplier recall event .....YES  NO   
*If Yes to any of the above, provide complete the Claims Supplement with dates, details, and amount of the loss, if applicable.*
25. Provide information about similar or comparable Insurance carried during the past year. *If no current coverage is in force, check the box:*   
 Carrier: \_\_\_\_\_ Coverage: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Ded/SIR: \$ \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Number of Insured Locations: \_\_\_\_\_

**ATTACHMENTS REQUIRED WITH THE APPLICATION:** *(Additional information may be required for final underwriting approval based on Underwriting requirements)*  
 \_\_\_\_\_ List of Locations, Separated by Corporate Owned and Franchised Owned (if applicable), By Trade Name in an **Excel Format** spreadsheet.

**NOTICE**

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of Underwriters in their rating and/or acceptance of this risk.

The Applicant agrees that if a contract of insurance is provided by Underwriters, this Application and any other previous Applications, along with any additional supplemental applications, any attachments and supplied information shall be the basis for the formation of such contract and shall be a material and integral part of the Policy, whether or not they are attached to the Policy and/or signed by the Applicant.

Any representations made in the application process for any Policy that may be issued by Underwriters, and the statements made within this Application, any additional supplemental applications, any attachments and supplied information shall be construed as representations of the Applicant.

The Applicant represents that the person signing and initializing this Application and any additional supplemental applications has been authorized to do so by the Applicant.

Signing of this Application and any additional supplemental applications does not bind the Insurer to an offer nor the Applicant to accept insurance.

The Applicant further agrees that if the information supplied on this Application, any additional supplemental applications, any attachments and supplied information changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify Underwriters of such change prior to inception of the Policy. \_\_\_\_\_ (Initials)

Applicant further understands and agrees that no person or entity other than Underwriters has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Underwriters from asserting any right under the terms of the Policy.

By signing this Application and any additional supplemental applications, the Applicant confirms that they have been provided with and inspected a specimen of the Trade Name Restoration Insurance wording and any applicable endorsements. Underwriters expect that the Applicant will take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

**CRISIS MANAGEMENT/RISK MANAGEMENT:** The proposed policy is designed for risks that agree to use the crisis management/risk management services as approved and appointed by Underwriters as defined in the Policy Declarations. The Applicant Company agrees to immediately contact the designated 24-hour crisis management services as defined in the Declarations in the event of any actual or potential food borne illness event.

**CANADIAN NOTICE**

- All indications are stated in U.S. dollars.
- Premium indicated and bound will be the amount to be paid in US Dollars no later than 30 days from the effective date insurance.
- Any claims payments will be in U.S. dollars
- By signing this application, the undersigned confirms that the present document, and any other document(s) or correspondence pertaining to the present insurance or application for insurance is accepted in the English language.

**In addition to all other terms and conditions: Applicable in Kentucky.** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

\_\_\_\_\_  
Applicant's authorized signature of a Principal, Partner or Officer

\_\_\_\_\_  
Printed Name of Applicant's authorized Principal, Partner or Officer

\_\_\_\_\_  
Date