

Mackinaw Underwriters, Inc.

RESTAURANT SUPPLEMENT

Insured's Name: Click or tap here to enter text.

Supplement Completed By: Click or tap here to enter text.

Date: Enter Date.

Question	Yes	No
1. What type of restaurant is this? (e.g. family style, fine dining, fast food, etc.)	Click or tap here to enter text.	
2. Does the insured have a serving staff?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, are they paid hourly or in tips?	Select	
3. Does the insured perform any tableside cooking?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the applicant provide delivery?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what is the percentage?	Value %	
b. What is the radius?	Click or tap here to enter text.	
c. Are MVR's checked prior to hiring and reviewed annually?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is there a minimum age for delivery drivers?	<input type="checkbox"/>	<input type="checkbox"/>
i. If yes, please provide age:	Value	
e. Is there any delivery by any means other than automobiles?	<input type="checkbox"/>	<input type="checkbox"/>
f. If yes, please describe:	Click or tap here to enter text.	
5. Is there any live entertainment?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please describe:	Click or tap here to enter text.	
b. Is the payroll for performers included or excluded on the payroll?	Select	
i. If excluded, does the insured obtain COI's prior to performing?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do operations occur on more than one floor?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how many floors?	Value	
7. Does the insured have bouncers/security?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the insured offer valet services?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there any alcohol sold?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what is the percentage?	Value %	
b. Does the kitchen close over two before the business stops serving alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the bar staff paid hourly or by tips?	Select	

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10. Does the applicant provide catering services?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please explain:	Click or tap here to enter text.	
11. Does this risk have a fryolator on premises?	<input type="checkbox"/>	<input type="checkbox"/>
12. What are the hours of operation?	Click or tap here to enter text.	
13. Is the applicant's cutting and kitchen equipment properly guarded?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does all cooking equipment have approved automatic shut-offs and fire suppression systems?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does this restaurant have a separate bar or lounge area?	<input type="checkbox"/>	<input type="checkbox"/>
16. Will the employer consider temporary or modified duty?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the prospect have a comprehensive safety/training controls for the following?		
a. Proper Lifting Techniques	<input type="checkbox"/>	<input type="checkbox"/>
b. Use of specialized equipment used in the restaurant industry (e.g. cutting, mixing, ovens, deep fryers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
c. Proper slip/fall controls (e.g. nonskid mats, nonslip footwear, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
18. What type of safety procedures or training is in place?	Click or tap here to enter text.	