



# RESTAURANT ILLNESS GUARD

## APPLICATION

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**U.S. Risk Pros**  
A DIVISION OF U.S. RISK, LLC

### GENERAL INFORMATION

- Applicant Company Name: \_\_\_\_\_  
\_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Restaurant Trade Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Contact person in the event of a query, claim or foodborne contamination incident:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_
- Number of years in business: \_\_\_\_\_

### RESTAURANT OPERATIONS

- Type of Operation (cuisine – check all that apply):  
 Fine Dining  Casual Dining  Fast Food  Family Diner  Burgers  Pizza  Sushi  
 Buffet  Bistro  Noodle Bar  Ethnic Cuisine  Other (Describe): \_\_\_\_\_
- Number of locations to be insured: \_\_\_\_\_
- Total Annual Sales All Locations: \$ \_\_\_\_\_
- Annual Sales Largest Location: \$ \_\_\_\_\_

### CRISIS & RISK MANAGEMENT

- Are all operations required to follow specific written procedures, guidelines, rules and standard regarding:  
 Food Handling?  Yes  No      Hygiene?  Yes  No      Cooking Methods?  Yes  No
- Do you check to ensure that employees continue to use good food handling procedures and hygiene and are they regularly given continuing education?  Yes  No
- Is there on going training on sanitation practices for current employees?  Yes  No
- Is the business HACCP certified?  Yes  No
- Is there a crisis management plan in place?  Yes  No
- How many people at each location have a recognized, current food safety certification? \_\_\_\_\_
- Do you have written procedures for customer complaints of an alleged food borne illness?  Yes  No
- Do you have written procedures for health department notification of an alleged food borne illness?  Yes  No

18. Is your food received from suppliers tested for contamination?  Yes  No
19. How many third party audits were performed in the past 12 months (excluding local health authority audits)? \_\_\_\_\_
20. Is there a written procedure for responding to a notification of a recall from a supplier?  Yes  No
21. Have you been cited by any public health authority or civil authority in the last 5 years?  
If yes,  Minor  Major  Critical  Yes  No
22. Have you been fined by any public health authority or civil authority in the last 5 years?  Yes  No
23. Have you been closed down by any public health authority or civil authority in the last 5 years?  Yes  No
24. Have you had any business interruption financial loss from an actual or alleged contamination in the past 5 years?  Yes  No

The Applicant declares that any event or occurrence that happens prior to the effective date of coverage which may cause any statement to be untrue or incomplete will be reported in writing to the insurer's representative. Further, the Applicant declares that receipt of such report by the insurer's representative is a condition precedent to coverage.

I/we hereby declare that the above particulars and statements are true and that I/we have not omitted or suppressed or misstated any material facts and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any situation to which this policy could apply on the part of me/us or any proposed insured and, agree that this Application Form shall be the basis of any policy of insurance which may be issued by the company and shall be deemed a part thereof; one signed copy to be attached to the policy, if issued.

The Applicant hereby authorizes the Company, by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any other source, which the Company deems important in the underwriting of the insurance applied for by this application.

Arkansas Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

It is agreed that the signature to this form does not bind the company or the Applicant to complete this insurance.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print Name) (Print Title)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Month/Day/Year)