

FOODBORNE ILLNESS COVERAGE SECTION (Complete if coverage is desired)

If you current carry Foodborne Illness Coverage, please provide details regarding your current coverage including, but not limited to limits, deductible, expiration date and premium.

1. Are all operations required to follow specific written procedures, guidelines, rules and standards regarding:
Food Handling? Yes No Hygiene? Yes No Cooking Methods? Yes No
2. Do you check regularly to ensure that employees continue to use good food handling procedures and hygiene and are they regularly given education? Yes No
3. Is there ongoing training on sanitation practices for current employees? Yes No
4. Is the business HACCP certified? Yes No
5. Is there a crisis management plan in place? Yes No
6. Is your food received from suppliers tested for contamination? Yes No
7. How many third party audits were performed in the past twelve (12) months (excluding local health authorities)? _____
8. Have you been cited by any public health authority or civil authority in the last five (5) years? Yes No
9. If Yes: Minor Major Critical (provide details)
10. Have you been fined by any public health authority or civil authority in the last five (5) years? Yes No
If yes, please provide details.
11. Have you been closed down by any public health authority or civil authority in the last five (5) years? If yes, please provide details. Yes No
12. Have you had any business interruption financial loss from an actual or alleged contaminations in the past five (5) years? If yes, please provide details. Yes No
13. How many people at each location have a recognized, current food safety certification? _____
14. Do you have written procedures for customer complaints of an alleged foodborne illness? Yes No
15. Do you have written procedures for health department notifications of an alleged foodborne illness? Yes No
16. Is there a written procedure for responding to a notification of a recall from a supplier? Yes No
17. How many other locations (including owned by you or anyone else) share your brand? _____

EMPLOYMENT PRACTICES LIABILITY SECTION (Complete if coverage is desired)

If you current carry Employment Practices Liability Coverage, please provide details regarding your current coverage including, but not limited to limits, deductible, expiration date, prior & pending date and premium.

1. With respect to any company acquired in the past 2 years (if any), were any employees or officers terminated or do you plan in the next eighteen (18) months to terminate any employees or officers? Yes No
If yes, how many? _____
2. Does the applicant anticipate any location closure, consolidations or layoffs affecting twenty percent (20%) or more of the employees in any 60-day period within the next eighteen (18) months? Yes No
If yes, please provide details.
3. If during the next eighteen (18) months, circumstances of which you are currently unaware make it necessary greater, through the reorganization, restructuring, reduction in force, downsizing of operations or closure of one or more locations, do you agree that you will consult with and follow the recommendations of legal counsel experienced in employment law prior to any such downsizing, reorganization, restructuring, reduction in force, change in number of employees or closure of location(s)? Yes No
4. Has any insurer every cancelled or non-renewed this type of coverage? Yes No

If Yes, please provide details.

5. Furnish five (5) year loss history for all discrimination, harassment claims and any claims involving your employment decision(s) to hire, fire, promote or demote a current, former or prospective employee.

Total number of claims in the last five (5) years: _____ None

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET

6. Has any Director, Officer, Manager, Supervisory Employee or Partner knowledge of any circumstances, at the date this Application is signed, which could reasonably give rise to a claim? Yes No

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CIRCUMSTANCE ON A SEPARATE SHEET

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:

- i. Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;
- ii. Threatening to hire an attorney;
- iii. Asking for a severance package in excess of what is being offered;
- iv. Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or
- v. Frequent complaining of discrimination, harassment or unfair treatment.

7. Has the applicant ever been involved in any charges, inquiries, investigations, grievance or other hearings before the Equal Employment Opportunity Commission or any other governmental agency? Yes No

If yes, please provide details.

8. Employees:

State	Number of Locations	Full Time Employees	Part Time Employees	Other (independent contractors, leased workers and volunteers)

Salary Ranges (including bonuses and Commissions)	No. of Full Time Employees	No. of Part Time Employees	Seasonal/ Temporary	Other
\$20,000 or less				
\$20,001 to \$50,000				
\$50,000 to \$100,000				
\$100,001 to \$150,000				
\$150,001 to \$200,000				
\$200,001 and over				

9. If temps are used, provide annual billable hours: _____

10. If seasonal employees are used, provide average number of months: _____

11. Does the applicant use unionized employees? If yes, number of employees: _____ Yes No

12. In the last twelve (12) months, how many officers have left your employ voluntarily? _____

13. In the last twelve (12) months, how many officers have left your employ involuntarily? _____

14. In the last twelve (12) months, how many other employees have left your employ voluntarily? _____

15. In the last twelve (12) months, how many other employees have left your employ involuntarily? _____
16. Do you have written procedures for handling complaints of discrimination and/or harassment from a person who is a non-employees? Yes No
17. If yes, are all complaints recorded? Yes No
18. Has the applicant received any complaints alleging discrimination and/or harassment from a person who is a non-employees? Yes No

IF YES, PLEASE PROVIDE A FULL DESCRIPTION OF EACH COMPLAINT ON A SEPARATE SHEET

19. Does your public facility(ies) have access for the disabled in compliance with ADA Law? Yes No
20. Do you train your employees regarding discrimination and harassment of a person who is a non-employee (including the disabled)? Yes No
21. If yes, is the training part of a formalized course? Yes No
22. Do you have a Human Resources Department Yes No
 If yes, how many people are in the HR Department? _____
 If No, who handles this function and what is their title: _____

23. Do you establish an at-will employment relationship with **ALL** employees without a written employment agreement? Yes No
24. Have your managers and/or supervisors attended training programs on sexual harassment within the last 12 (twelve) months? Yes No
25. Do you have employment policies/procedures reviewed annually or bi-annually? Yes No
26. Do you publish and distribute an employment handbook to all employees? Yes No
 If yes, do employees sign for receipt/acceptance? Yes No
27. Do you have anti-sexual harassment policies/procedures in place? Yes No
28. Do you require all terminations to be reviewed by:
 Human Resources? Yes No
 Legal Department? Yes No
 Outside Counsel? Yes No
29. Do you have written procedures in place for handling grievances or complaints (including complaints of discrimination or harassment)? Yes No

If your answer to questions 24 thru 29 are "no", are you willing to implement? Yes No

30. Do you maintain a personnel file for each employee? Yes No
31. Do you regularly consult with a labor relations counsel? Yes No
32. Do you have a formal contract with any employee? Yes No
33. If yes, are the employment contract(s) created and reviewed by outside counsel? Yes No
34. Total number of employees with formal employment contracts: Yes No
35. Total Value of all contracts: \$ _____ Value of largest contract: \$ _____
36. Do you utilize arbitration for employment related claims? Yes No
37. Is it mandatory? Yes No

DISCLOSURES & SIGNATURES

Please declare any Material Facts on a separate sheet. A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should declare it. All the information requested in this proposal is material.

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 on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be 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.

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

Date

Applicant's Signature

Title