CATLIN

Restaurant Contamination Insurance

Proposal Form

IMPORTANT NOTICE TO THE PROPOSER

To apply for Restaurant Contamination Insurance coverage, please fully complete the following Proposal Form. If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

If the Proposer is aware of any material facts that may affect the Insurer's decision in providing this insurance, please disclose them to your broker.

If you are in any doubt as to what to tell Insurers, tell them anyway. Not doing so, may affect how they settle claims under the policy, or may render any policy issued invalid.

Upon receipt of your completed Proposal Form your broker will submit the details to the Insurer for approval. Once approved, and upon receipt of the premium, taxes and fees, a Policy will be issued to your broker. Insurance coverage will not commence until your proposal has been accepted by the Insurer.

Similar to other professional insurances the Restaurant Contamination Insurance Policy, is underwritten on what is known as a '*claims made basis*'.

This means that the policy will only provide cover for claims or circumstances discovered and notified to the Insurer during the period of insurance.

The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer therefore, it is important to ensure that you have the cover that is right for you.

If you have any questions about this type of insurance, would like to see a specimen of the full policy terms and conditions, or would like further advice about completing the Proposal or any other related matter, please contact your broker.

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1 Applicant Company Name:

Restaurant Trade Name(s)

2 Mailing Address

City: State: Zip Code:

3 Crisis/Risk Management Contact Person:

Phone: Fax: E-mail:

4 Type of Operation (Check all that apply):

☐ Fast Food ☐ Casual Dining ☐ Fine Dining ☐ Buffet ☐ Other

5 Legal status ☐ Corporation ☐ Individual ☐ Joint Venture Other: _____

6 Number of years in business:

7 Total sales all locations:

8 Do you have locations outside of the United States? *(If yes, please complete below)* ☐ YES ☐ NO

Number of Locations	Country	Trade Name

9 Please complete the following for all stores:

State	Number of Stores	Number of Franchised Stores

10 Insured Products: Total restaurant sales by products sold (percentages)

Note: 0 or n/a equals product not sold

a. Fountain Drinks ____%
b. Fruit ____%
c. Beef ____%
d. Poultry ____%
e. Seafood ____%
f. Pork ____%
g. Produce ____%
h. Dairy ____%
i. Bakery ____%
j. Fresh Salad ____%
l. Other* ____%

* For "Other" please describe products sold

_____

_____

11 Average store:

a. Annual Sales $_____
b. Net Income $_____ _____ %
c. Fixed Expense $_____ _____ % *(Rent, Debt, Utility, etc.)*
d. Payroll $_____ _____ % *(Necessary continuing)*

12 Largest store:

a. Annual Sales $_____
b. Net Income $_____ _____ %
c. Fixed Expense $_____ _____ % *(Rent, Debt, Utility, etc.)*
d. Payroll $_____ _____ % *(Necessary continuing)*

13 Complete the following:

Top 10 suppliers:	Supplied Product:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

14 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 suppliers' standards for testing, storing or transportation of products?

15 a. Average total number of meals served per week (all locations):

b. Average number of meals served per week/per trade name:

c. Average number of meals served per week/per location:

d. Average dollar ($) value of guest check:

16 Metropolitan area (city) with the largest Number of Locations:

17 What is the planned number of new locations in next 12 months *(include expected open date and city/state of new location)* _____

18 Are newly hired employees trained in kitchen sanitation practices including?:

a. Personal Hygiene? ☐YES ☐NO
b. Cross contamination? ☐YES ☐NO
c. Food Temperature? ☐YES ☐NO
d. Cutting boards? ☐YES ☐NO
e. Proper Storage? ☐YES ☐NO
f. Equipment Sanitation? ☐YES ☐NO

19 Are all owned or franchised locations required to follow specific written procedures, guidelines, rules and standards regarding:

a. Food Handling? ☐YES ☐NO
b. Hygiene? ☐YES ☐NO
c. Cooking Methods? ☐YES ☐NO

Is training required in the Franchise Agreement or left to the option of the franchisee?

20 Do you check to ensure that employees continue to use good food handling procedures and hygiene?

☐YES ☐NO How?_____

21 Do you offer refresher courses or ongoing training for existing employees? ☐YES ☐NO
Explain _____

22 Do you have current HAACP plans and procedures in place? ☐YES ☐NO

23 Do any location(s) provide pick up / take out orders? ☐YES ☐NO

Please list "take out" locations:
Are containers labeled with proper Food Handling instructions (i.e. proper storing, reheating, etc.)? ☐YES ☐NO
If yes, please provide a sample of the Food Handling instructions.

24 Is there a written crisis management plan in effect to offset catastrophe media coverage for a food borne illness? ☐YES ☐NO

Who is your Spokesperson & what is his/her job title?

25 During the last five years, has any location:

a. Been cited/fined or closed down by any public health authority or civil authority? ☐YES ☐NO
b. Had a food borne illness incident resulting in a business interruption? ☐YES ☐NO
c. Experienced an accidental or malicious contamination loss? ☐YES ☐NO
d. Been involved with an extortion attempt? ☐YES ☐NO
If Yes to any of the above, provide complete dates, details, and amount of the loss, if applicable.

_____

e. Is the Board of Directors notified for any of the above yes responses? ☐YES ☐NO
If yes, when? _____

26 Does the Person in Charge on each operating shift have recognized, current Food Safety Certification? ☐YES ☐NO

27 Is there a written procedure for customer complaints of an alleged foodborne illness? ☐YES ☐NO

28 **Is there a written procedure for Health Department notification of an alleged foodborne illness?** ☐ YES ☐ NO

29 **Is there a written procedure for responding to a notification of recall from a supplier?** ☐ YES ☐ NO

30 **Are franchisees required to comply with food safety requirements and standardized procedures?** ☐ YES ☐ NO

31 **Are franchisees required to provide on-going food safety training to new and existing employees?** ☐ YES ☐ NO

ATTACHMENTS REQUIRED WITH THE APPLICATION:

- ☐ List of Locations
- ☐ Financial Statements
- ☐ Description of testing procedures used on products received
- ☐ Copy of Food Handling Instructions for take out / pick up orders, if applicable
- ☐ Copy of Food Handling, Hygiene and Cooking standards as required by the Corp. or franchisor
- ☐ Copy of Employee Hiring and Training Guidelines, including refresher courses
- ☐ Copy of Franchise or Management Agreement issued by Franchisor, if applicable
- ☐ Food Purchasing Standards
- ☐ Facility Sanitation Standards
- ☐ Crisis Management Plans

APPLICATION: I/We the undersigned, acting for and on behalf of the applicant company declare that to the best of our knowledge and belief, the information provided in this application form is true, and I/we have not withheld any material information which might affect the judgment of underwriters in their rating and acceptance of this risk. I/we agree that if a contract of insurance is provided by underwriters, this application form and any attached details of previous experience shall be the basis of such a contract. Signing this application does not bind the insurer to an offer or the named applicant to accept insurance.

All indications are subject to receipt of a completed/signed application, required attachments and final underwriting approval.

Name: **Title:**
(to be signed by Chairman/Chief Executive or equivalent)

Company:

Insured's Signature (ticking this box is conformation of your signature) ☐ Date

☐ **Submit (ticking this box will automatically submit this form to Catlin)**