

Franchise Food Insurance Application Workers' Compensation

RMS Insurance Brokerage, LLC
 1415 Kellum Place Garden City, NY 11530
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Business Information

Owner/Operator Name: _____ Name of Business: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Region _____
 Telephone: _____ Fax: _____
 Corporation Partnership Individual LLC Joint Venture Other: _____
 NCCI ID Number: _____ Number of Years in Business: _____

Name of All Owners & Officers	Title	% of Ownership	Workers' Comp.	Duties	Annual Remuneration
			<input type="checkbox"/> include <input type="checkbox"/> exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	
			<input type="checkbox"/> include <input type="checkbox"/> exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	
			<input type="checkbox"/> include <input type="checkbox"/> exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	
			<input type="checkbox"/> include <input type="checkbox"/> exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	

General Questions

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you deliver? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any business owned automobiles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do/have past, present or discontinued operations involve(d) storing, treating discharging, applying disposing or transporting of Hazardous Material? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any employees under 16 years of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Any seasonal employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do employees travel out of state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does applicant own, operate or lease aircraft/watercraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is applicant engaged in any other type of business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are subcontractors used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Any work sublet without certificates of insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is a formal safety program in operation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Any group transportation provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Is there any volunteer or donated labor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Any employees with physical handicaps? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Are athletic teams sponsored? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Any prior coverage declined, cancelled, or non-renewed in the last 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Do you have any leased employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Do you offer or financially support a slip resistant shoe program and achieve employee participation of at least 90%? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Has "Aegis" or "No Slip" floor treatment been applied within the last 1-2 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Do you have a bulk oil handling system at each store? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Do you offer transitional return to work tasks for injured employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please comment on any yes and attached on a separate sheet .

Policy Information

Renewal Date: _____ Current Carrier: _____ Current Premium: _____

**Please attach 3 - 5 years currently valued loss information
 along with a copy of your current Experience Rating Worksheet to receive a quote**

Owner/Operators' Signature

Dated

STORE INFORMATION

National Store Number: _____

Date Acquired: _____

Corporation Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Do you have an affiliated management company? Yes No

If yes, Name: _____

If so, are the payrolls of those employees included below? Yes No

Please indicate your current:

State Unemployment ID Number: _____
 (applicable states: CO, DC, GA, ID, IL, IN, KS, KY, LA, MD, MS MN, MO MT, NE NJ, NM, NV, NY, RI, SD, UT, VA, VT)

Federal Employer Identification Number: _____

Experience Modification Factor for your Renewal Period: _____
 (if not applicable please enter in "1.00" for above)

Hours of Operation

Day of the Week	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

PAYROLL DECLARATIONS

Class Code	Number of Employees		Duties	Estimated Annual Payroll
	Full Time	Part Time		
			Restaurant (includes store managers, crew & maintenance)	
			Office/Clerical (not engaged in other duties)	
			Outside Supervisors/Sales (not to include store managers)	

**Please attach 3 - 5 years currently valued loss information
 along with a copy of your current Experience Rating Worksheet to receive a quote**