



Insurance Innovators, Inc. - Product Recall Division
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Application Form for Restaurants & Fast Food Chains

Please answer the following questions:

- All questions must be answered completely – if you need more space please continue on a separate sheet of paper and indicate question number.
- Please provide a copy of your Recall Plan, Quality Control / Assurance Plan and Crisis Management Plan
- This application must be signed and dated by an officer of the company

1. APPLICANT'S DETAILS

1.1 Name and Address of Applicant: _____

(please attach list of subsidiaries, if applicable under this policy)

1.2 Main Contact Name: _____
Main Contact Phone: _____

1.3 Website: _____

1.4 Date first established: _____

1.5 Type of Operations: Fast Food Casual Dining Fine Dining Buffet
(check all that apply) Other _____

1.6 Total Number of Employees: Home Country = _____
 Elsewhere = _____

1.7 Please complete the following for all stores (if necessary please continue on a separate page):

State	Number of Stores	Number of Franchised Stores

1.8 Do you have locations outside of the United States? Yes No

If yes, please complete the following:

Country	Trade Name	Number of Locations

2. SALES INFORMATION

2.1 Please list the total sales figure for all locations for the past 2 years as well as the estimated sales for the forthcoming year:

Year	Total Sales

2.2 Total restaurant sales by category (percentages):

Drinks _____%
 Bakery _____%
 Produce _____%
 Fruit _____%
 Seafood _____%
 Poultry _____%
 Beef _____%
 Pork _____%
 Dairy _____%
 Other _____%

2.3 Please complete the following information for the top 3 stores:

	Store I	Store II	Store III
Address / Location:			
Annual Sales:			
Net Income:			
Fixed Expense:			
Payroll:			

2.4 Please complete the following information for the average store:

	Average Store
Annual Sales:	
Net Income:	
Fixed Expense:	
Payroll:	

3. SUPPLIER INFORMATION

3.1. Please complete in respect of your top 5 suppliers and then all other, per below:

Suppliers Name	Product(s)	Do you Audit?	Right of Subrogation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.2. With what percentage of your suppliers do you have contracts that set out hold harmless and indemnity provisions inuring to your benefit in the event of your being supplied with contaminated / tampered products? _____%

3.3. Do you (or a third party) test food received from suppliers? Yes No

If yes, please describe: _____

3.4. If tests are performed by a third party, who is it? _____

3.5. Who verifies suppliers' standards for testing, storing or transportation of products?

4. LOCATION / STORE INFORMATION

4.1 Metropolitan area (city) with largest number of locations? _____

4.2 Average total number of meals served per week at all locations? _____

4.3 Average number of meals served per week / per location? _____

4.4 Average number of meals served per week / per trade name? _____

4.5 Average dollar (\$) value of guest check? _____

4.6 Do any location(s) provide pick up / take out orders? Yes No

If yes, please list "take out" locations: _____

4.7 Please indicate the planned number of new locations in the next 2 months (include expected open date and city / state of new location):

5. SAFETY / HACCP / QUALITY CONTROL

5.1 Do you have a Quality Assurance Plan in place (if yes, please provide copy)? Yes No

5.2 Do you have any SSOPs (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practices) in place (if yes, please provide copy)? Yes No

5.3 Do you have a HACCP Plan in place (if yes, please provide copy)? Yes No

5.4 Are newly hired employees trained in kitchen sanitation practices? Yes No

If yes, does it include:

<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cross Contamination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Food Temperature	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cutting Boards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Proper Storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Equipment Sanitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5.5 Do you check to ensure that employees continue to use good food handling procedures and hygiene? Yes No

If yes, how: _____

5.6 Do you offer refresher courses / ongoing training for existing employees? Yes No

If yes, please explain: _____

5.7 Does the person in charge on each operating shift have recognized Food Safety Certification? Yes No

5.8 Is there a written procedure for customer complains of an alleged food born illness? Yes No

5.9 Is there a written procedure for Health Department notification of an alleged food born illness? Yes No

5.10 Is there a written procedure for responding to a notification of a recall form a supplier? Yes No

- 5.11 Are “take out” containers labeled with proper Food Handling instructions (i.e. proper storing, reheating etc.)? Yes No

6. FRANCHISED LOCATIONS

- 6.1 Are all owned or franchised locations required to follow specific written procedures, guidelines, rules and standards? Yes No

If yes, does it include: Food Handling Yes No
 Hygiene Yes No
 Cooking Methods Yes No

- 6.2 Is training required in the Franchise Agreement? Yes No

- 6.3 Are franchisees required to provide ongoing safety training to new and existing employees? Yes No

- 6.4 Are Franchisees required to comply with food safety requirements and standardized procedures? Yes No

7. LOSS INFORMATION

- 7.1. Have you, your premises, products or processes been the subject of recommendations or complaints made by any regulatory body, internal or third party audit over the past year? Yes No

If yes, please provide details: _____

- 7.2. In the last 10 years have you withdrawn or recalled any products or have you been responsible for the costs incurred by any third party arising from the withdrawal or recall of any products regardless of any subrogation? Yes No

If yes, please complete a claims supplemental form, as attached.

- 7.3. Does the company know of any actual, threatened or suspected product tampering involving any of the company’s products during the past 10 years? Yes No

- 7.4. Does the company, its directors and officers have any knowledge of any current situation, fact or circumstances which might lead to a claim under this policy? Yes No

8. LIMITS & SELF INSURED RETENTION

- 8.1. Limits of Insurance requested: Food Born Illness = _____
Malicious Tampering = _____
- 8.2. Self Insured Retention Requested: Food Born Illness = _____
Malicious Tampering = _____

9. 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
- Employee Training Guidelines
- Crisis Management Plans

10. COVERAGE

10.1. Base coverage under this policy is Loss of Gross Profit, Rehabilitation Expenses and Consultant Cost. Please indicate what additional elements of Loss you would like to have covered:

- Extra Expense
- Recall Costs
- Product Extortion
- Adverse Publicity
- Replacement Costs
- Franchisee
- Long Term Agreement

11. DECLARATIONS

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

I certify that I have read and understand the applicable fraud warning set forth below:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA- see Additional Fraud Notices attached hereto for these States). INSURANCE BENEFITS MAY ALSO BE DENIED.

Signature: _____

Date: _____

Position: _____