



# Arizona Restaurant Association Workers' Compensation Questionnaire for Applications and Quotes

*The following information is needed to provide a premium quotation on your workers' Compensation insurance policy. This information will be held in strict confidence.*

## RESTAURANT INFORMATION

Legal Name: \_\_\_\_\_ Association Member Y / N

Restaurant Name or DBA: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Restaurant Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Restaurant Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Owners/Partners: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Contact Person E-Mail: \_\_\_\_\_

## CURRENT INSURANCE INFORMATION

Current Premium: \$ \_\_\_\_\_ Current Insurance Co.: \_\_\_\_\_

Current Experience Modifier: \_\_\_\_\_ Current Policy Period: \_\_\_\_\_

## EXPOSURE INFORMATION Please attach a copy of your current policy declarations page or premium report

NCCI Code	Classification	# of Employees	Current Yearly Payroll
9082	Restaurant NOC		\$
9083	Restaurant: Fast Food		\$
9084	Tavern / Nightclub		\$
8810	Clerical		\$
Other			\$
TOTALS			\$

## OWNERS, PARTNERS OR EMPLOYEES TO BE EXCLUDED FROM COVERAGE:

Name	Title	Remuneration
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CLAIMS INFORMATION

Individual claims in excess of \$25,000—Please complete below and attach a brief narrative of the incident.

Date of Loss	Description of Accident	Total Paid	Total Incurred
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please attach loss history for the last three (3) years, or current year loss history & NCCI Experience Rating Worksheet*

**GENERAL INFORMATION**

Explain All "Yes" responses

	YES	NO
1. Does Applicant Own, Operate or Lease Aircraft/Watercraft?		
2. Do/Have Past, Present or Discontinued Operations Involved Storing, Treating, Discharging, Applying, Disposing, or Transporting Of Hazardous Material? (e.g. landfills wastes, fuel tanks, etc.)		
3. Any Work Performed Underground or Above 15 Feet?		
4. Is Applicant Engaged in Any Other type Of Business?		
5. Are Sub-Contractors Used? (If Yes, Give % Of Work Subcontracted)		
6. Any Work Sublet Without Certificates of Ins.?		
7. Is a Written Safety Program in Operation?		
8. Any Group Transportation Provided?		
9. Any Employees Under 16 or Over 60 Years of Age?		
10. Any seasonal Employee?		
11. Is There Any Volunteer or Donated Labor?		
12. Any Employees With Physical Handicaps?		
13. Do Employees Travel Out of State?		
14. Are Athletic Teams Sponsored?		
15. Are Physicals Required After Offers Of Employment Are Made?		
16. Any Other Insurance With Insurer?		
17. Any Prior Coverage Declined / Cancelled / Non-Renewed (Last 3 Years)?		
18. Are Employee Health Plans Provided?		
19. Do You lease Employees To or From Other Employers?		
20. Is There A Labor Interchange With Any Other Business / Subsidiary?		
21. Do Any Employees Predominantly Work At Home?		
22. Any Tax Liens or Bankruptcy Within The Last 5 Years?		

23. Number of Years Company Has Been in Business \_\_\_\_\_

24. Is The Company a Corporation, Partnership, Individual, Subchapter "S" Corp or Other \_\_\_\_\_

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS-

REMARKS:

Signature: \_\_\_\_\_