



Restaurant Questionnaire

Supplemental to
Fully Completed ACORD 130 Workers' Compensation Application

Applicant Name	Effective Date
FEIN	Website

Description of Operations

Hiring Practices	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Job Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	Background / Reference Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Drug Testing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Physical Fitness Test

Safety Practices	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Injury & Illness prevention program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Return to Work program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety meetings
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety training
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Incentive Plan

Management Practices, Operations, Loss Control, Claims Handling & Benefits	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a FT risk/safety mgr. employed whose job is 50%+ safety related?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a post-accident drug testing program for all workplace injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal accident investigation and claims reporting process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do more than 50% of employees receive group health that is 50% employer paid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide vacation and sick time to all employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you open for business 24 hours?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide catering services off premises?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you operate a food truck?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a third party to deliver food (UBER EATS, DoorDash, Grubhub etc.?)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any of your employees deliver food off premises?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are employees required to wear non-slip shoes?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your kitchen staff use cut resistant gloves?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have lifting devices that assist employees with items that weigh more than 50lbs?