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RESTAURANT RECOVERY APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Applicant Company Name _____
 Restaurant Trade Name(s) _____
2. Mailing Address _____
 City _____ Province _____ Postal Code _____
3. Crisis/Risk Management Contact Person: _____
 Phone _____ Fax _____ Email _____
4. Type of Operation (Check all that apply)
 Fast Food Casual Dining Fine Dining Buffet Other _____
5. Type of cuisine served _____
6. Number of years in business _____
7. Total sales all locations _____
8. Please complete the following for all locations

<u>Province</u>	<u>Number of Locations</u>	<u>Number of Franchised Locations</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Insured Products - Total restaurant sales by products sold (percentages) *Note: 0 or n/a equals product not sold*

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

*For "Other", please describe products sold _____

10. Average store: Annual Sales \$ _____
11. Largest store: Annual Sales \$ _____



12. Complete the following

Top 5 Suppliers:

Supplied Product:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. 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? _____

14. Average dollar (\$) value of guest check _____

15. Metropolitan area (city) with the largest Number of Locations _____

16. What is the planned number of new locations in next 12 months (include expected open date and city/province of new location)

17. Are newly hired employees trained in kitchen sanitation practices including

a. Personal Hygiene Yes No d. Cutting Boards Yes No

b. Cross Contamination Yes No e. Proper Storage Yes No

c. Food Temperature Yes No f. Equipment Sanitation Yes No

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

a. Food Handling Yes No c. Cooking Methods Yes No

b. Hygiene Yes No

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

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

If yes, how? _____

20. Do you offer refresher courses or ongoing training for existing employees? Yes No

Explain: _____

21. Do you have current HACCP plans and procedures in place? Yes No

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

If yes, please advise an estimated % of take out orders _____ %

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.



23. 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? _____

24. 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

25. Does the Person in Charge on each operating shift have recognized, current Food Safety Certification? Yes No

26. Is there a written procedure for customer complaints of an alleged foodborne illness? Yes No

27. Is there a written procedure for Health Department notification of an alleged foodborne illness? Yes No

28. Is there a written procedure for responding to a notification of recall from a supplier? Yes No

29. Are franchisees required to comply with food safety requirements and standardized procedures? Yes No

30. Are franchisees required to provide on-going food safety training to new and existing employees? Yes No

31. Have you been audited in the past 12 months by a third party (other than a local authority)? Yes No

If yes, was it satisfactory? Yes No

ATTACHMENTS REQUIRED WITH THE APPLICATION:

- 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.

Insured's Signature (application must be signed by Insured)

Date