



Restaurant contamination

Application form
United Kingdom



RESTAURANT CONTAMINATION

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

SECTION 1: COMPANY AND RESTAURANT DETAILS

1.1 Please provide the following details:

Insured company:	
Address:	
Postcode:	
Year of establishment:	Website:

1.2 Please indicate the type of restaurant you operate:

- | | | |
|---|---|---|
| <input type="checkbox"/> Fast food | <input type="checkbox"/> Casual dining | <input type="checkbox"/> Fine dining |
| <input type="checkbox"/> Café | <input type="checkbox"/> Buffet | <input type="checkbox"/> Bistro/brasserie |
| <input type="checkbox"/> Pop-up/temporary | <input type="checkbox"/> Transportable/food truck | <input type="checkbox"/> Food stand |
| <input type="checkbox"/> Soup kitchen | | |

1.3 Please state your sales in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Total sales	£	£	£
Profit / (Loss)	£	£	£

1.4 Please provide the following details for the restaurants you operate to be insured by this policy *and continue on the ADDITIONAL INFORMATION page if necessary:*

Restaurant address	Type of food and beverage sold	Average daily sales	Average number of individual customers per day	Average price per meal
		£		£
		£		£
		£		£
		£		£
		£		£
		£		£
		£		£

SECTION 2: QUALITY ASSURANCE

2.1 In respect of the restaurants listed in Q1.4:

- a) do they comply with all applicable food handling, safety and hygiene regulations? ☐ Yes ☐ No
- b) are employees provided with regular training on food handling, safety and hygiene? ☐ Yes ☐ No
- c) do your employment contracts require employees to comply with food handling, safety and hygiene regulations? ☐ Yes ☐ No
- d) do you employ any employees on a temporary basis? ☐ Yes ☐ No

2.2 Do you have a written emergency/crisis plan? ☐ Yes ☐ No
If 'yes', please attach a copy to this application.

2.3 In respect of suppliers of food and beverage for the restaurants listed in Q1.4:

- a) do you use any supplier across more than one of the restaurants? ☐ Yes ☐ No
- b) does a single supplier supply more than 20% of your total food and beverage? ☐ Yes ☐ No
- c) have you been using any supplier for less than 12 months? ☐ Yes ☐ No
- d) do you maintain full rights of recourse against all suppliers? ☐ Yes ☐ No
- e) please provide the following details for your three largest suppliers:

Supplier name	Food and beverage supplied	Annual contract value	Supplier location
		£	
		£	
		£	

2.4 Please provide details on the type of testing you perform on supplied food and beverage *and continue on the ADDITIONAL INFORMATION page if necessary:*

SECTION 3: INSURANCE REQUIREMENTS

Please state the following:

a) limit of insurance you are seeking:

b) when you would like the insurance to start:

SECTION 4: CLAIMS EXPERIENCE

AFTER FULL ENQUIRY:

a) are you aware of any circumstances, including any government or regulatory investigation, which may give rise to a claim under this policy?

☐ Yes ☐ No

b) are you aware of any loss or damage (relating to the restaurants to be insured by this policy), whether insured or not, that has occurred to any of the companies to be insured within the last 5 years?

☐ Yes ☐ No

If you have answered 'yes' above, please provide further details *and continue on the ADDITIONAL INFORMATION page if necessary*:

SECTION 5: DECLARATIONS

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed: Full name:

Position held: Date:

ADDITIONAL INFORMATION: