



RT WC Specialty

Restaurants with Delivery

Driver Supplemental Workers' Compensation Application

Insured Name: _____

Insured FEIN: _____

Insured Website: _____

Payroll/Premium Information

Policy Year	Payroll	Premium
4th Prior	\$	\$
3rd Prior	\$	\$
2nd Prior	\$	\$
1st Prior	\$	\$
Current	\$	\$

Business Operations (check all that apply)

- 1. Is this a new venture? Yes No
If yes, please provide résumé of owners.
- 2. Is delivery an aspect of the operation? Yes No
- 3. Percentage of delivery? _____ % (sales)
- 4. Radius of Delivery: 0-5 miles 6-15 miles 16-25 miles
- 5. Any delivery operation via other than four-wheeled vehicles? Yes No
- 6. Is this a catering only operation? Yes No
- 7. Do you offer guaranteed delivery times? Yes No
- 8. Open after midnight? Yes No

9. Do stores deliver after midnight? Yes No

If yes, please explain: _____

10. Are motor vehicle records (MVRs) checked at time of hire and annually for all employees who drive as part of their job? Yes No

11. Do you have written MVR standards for your employees?
If yes, please provide a copy of those standards. Yes No

12. Any losses in the last three (3) years due to assault? Yes No

13. Are crime statistics reviewed prior to delivery to a new residential location? Yes No

14. Are all drivers over eighteen (18) years of age? Yes No

15. Have all drivers had a valid driver's license for at least two (2) years? Yes No

16. Are employees drug tested prior to employment? Yes No

17. Are drivers drug tested post accident? Yes No

The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify RT Specialty of any significant change in operations or payroll. Terms of insurance coverage may be canceled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____

Title: _____

Print Name: _____

Date: _____

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