



All Risks WC Specialties

Restaurants with Delivery

Driver Supplemental 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. Hours of Operation:

Open after 9:00 PM

Yes No

Open after midnight

Yes No

Open after 2:00 AM

Yes No

9. Are motor vehicle records (MVRs) checked at time of hire and annually for all employees who drive as part of their job?

Yes No

10. Do you have written MVR standards for your employees?
If yes, please provide a copy of those standards.

Yes No

11. Any losses in the last three (3) years due to assault?

Yes No

12. Are crime statistics reviewed prior to delivery to a new residential location?

Yes No

13. Are all drivers over eighteen (18) years of age?

Yes No

14. Have all drivers had a valid driver's license for at least two (2) years?

Yes No

15. Are employees drug tested prior to employment?

Yes No

16. 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 All Risks, Ltd. 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: _____