



# TRADE NAME RESTORATION

Loss of Business Income and  
Incident Response Insurance  
For Food Borne Illness

Food Borne Illness -- Accidental Contamination -- Malicious Contamination

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**\*\*PREMIUM FINANCING AVAILABLE\*\***

- Applicant Company Name: \_\_\_\_\_  
Restaurant Trade Name(s) \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- City, State, Zip Code: \_\_\_\_\_
- Risk/Crisis Management Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Legal status:  Corp.  Individual  Joint Venture  Other \_\_\_\_\_
- Type of Operation:  Fast Food  Casual Dining  Fine Dining  Buffet
- Total sales all locations: \_\_\_\_\_ 8. Number of years in business: \_\_\_\_\_
- Do you have any locations outside of the United States? (If yes, please complete the following) ..... YES  NO

# of Locations	Country	Trade Name

- (a). Total employee count (all locations) Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
- |     |  |  |                      |                          |
|-----|--|--|----------------------|--------------------------|
| 10. | <u>Average store</u>                                 |  | <u>Largest store</u> |                          |
| a.  | Annual Sales \$ _____                                |  | a.                   | Annual Sales \$ _____    |
| b.  | Net Income \$ _____ %                                |  | b.                   | Net Income \$ _____ %    |
| c.  | Fixed Expense \$ _____ % (Rent, Debt, Utility, etc.) |  | c.                   | Fixed Expense \$ _____ % |
| d.  | Payroll \$ _____ % (Necessary continuing)            |  | d.                   | Payroll \$ _____ %       |

- Total restaurant sales by category (percentages):
 

a. Fountain Drinks _____ %	d. Poultry _____ %	g. Produce _____ %	j. Other _____ %
b. Fruit _____ %	e. Seafood _____ %	h. Dairy _____ %	
c. Meat _____ %	f. Vegetables _____ %	i. Bakery _____ %	

- | Top 5 food suppliers: | Product Supplied: |
|-----------------------|-------------------|
| a.                    | a.                |
| b.                    | b.                |
| c.                    | c.                |
| d.                    | d.                |
| e.                    | e.                |

- Please complete the following for all stores:
 

State	Number of Owned Stores	Number of Franchised Stores

- Average number of meals served per week/per location: \_\_\_\_\_
  - Average number of meals served per week/per trade name: \_\_\_\_\_
  - Average number of meals served total company: \_\_\_\_\_
  - Average dollar (\$\$) value of guest check \_\_\_\_\_

15. Metropolitan area (city) with the largest Number of Locations: \_\_\_\_\_

16. Planned number of new locations in next 12 months (include expected open date and city/state of new location).  
\_\_\_\_\_

- Are all owned or franchised locations required to follow specific written procedures, guidelines, rules and standards as respects:
 

a. Food Handling? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>	c. Cooking Methods? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Hygiene? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>	

- Do you have any catering operations? ..... YES  NO
  - Percentage of total revenues derived from catering: \_\_\_\_\_ % *Please attach details regarding food handling, cooking methods, and standard operating procedures for catering operations.*
  - Number of locations that provide catering services: \_\_\_\_\_

- Are newly hired employees trained in kitchen sanitation practices including:
 

a. Equipment sanitation? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>	d. Food temperatures? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Cross contamination? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>	e. Storage? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Cutting boards? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>	f. Personal hygiene? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>

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

20. Do you have a current HACCP plan and procedures in place?..... YES  NO
21. Are there refresher courses or ongoing training for existing employee? ..... YES  NO   
 Explain \_\_\_\_\_
22. Do you check to ensure that employees continue to use good food handling procedures and hygiene?..... YES  NO   
 How? \_\_\_\_\_
23. 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 or storing transportation of products? \_\_\_\_\_
24. Do any location(s) provide "pick up"/"take out" orders?..... YES  NO   
 Which locations? \_\_\_\_\_  
 Are containers properly labeled with Food Handling instructions (i.e. proper storing, reheating, etc.)? ..... YES  NO   
*If yes, please provide a sample of the Food Handling instructions.*
25. Is there a written crisis management plan in effect to counteract catastrophe media coverage for a food borne illness? ..... YES  NO   
 Who is the Spokesperson & what is his/her everyday job title? \_\_\_\_\_
26. During the last five years, has any location:  
 a. Experienced an accidental or malicious contamination loss? ..... YES  NO   
 b. Been involved with an extortion attempt? ..... YES  NO   
 c. Been cited/fined or closed down by any public health authority or civil authority? ..... YES  NO   
 d. Had a food borne illness incident resulting in a business interruption? ..... 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   
 If yes, when? \_\_\_\_\_  
 Do you desire coverage for any prior losses in this policy period? (If yes, provide date of loss and details). ..... YES  NO
27. Provide similar Insurance carried during the past year. *If no current coverage is in force, check the box:*   
 Carrier: \_\_\_\_\_ Coverage: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Ded/SIR: \$ \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Number of Insured Locations: \_\_\_\_\_

**ATTACHMENTS REQUIRED WITH THE APPLICATION:**

- \_\_\_\_\_ Financial Statement
- \_\_\_\_\_ List of Locations
- \_\_\_\_\_ Description of testing procedures used on products received
- \_\_\_\_\_ Copy of Food Handling, Hygiene and Cooking standards as required by the Corp. or Franchisor
- \_\_\_\_\_ Copy of Food Handling Instructions for "take out"/"pick up" orders, if applicable
- \_\_\_\_\_ Copy of Employee Hiring and Training Guidelines, including refresher courses
- \_\_\_\_\_ Copy of Franchise or Management Agreement issued by Franchisor, if applicable

**NOTE:** All indications are stated in U.S. dollars.

- Payment is required in U.S. dollars.
- Any claims payments will be in U.S. dollars.
- Premium indicated and bound will be the amount required 30 days from the effective date – no foreign currency conversion at that time.
- By signing this application, the undersigned confirms that the present document, and any other document or correspondence pertaining to the present insurance or application for insurance is accepted in the English language.

**CRISIS MANAGEMENT/RISK MANAGEMENT:** The proposed policy is designed for risks that agree to use the appointed crisis management/risk management services as approved and appointed by Underwriters as defined in the policy declarations. The named applicant agrees to immediately contact the designated 24-hour crisis management services as defined in the declarations in the event of any actual or potential food borne illness event.

**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 Underwriters to an offer or the named applicant to accept insurance. The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant. By signing this Application form, the Applicant confirms that they have been provided with and inspected a specimen of the Trade Name Restoration Insurance wording. It is recommended that the Applicant take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

**In addition to all other terms and conditions: APPLICABLE IN KENTUCKY.** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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 \_\_\_\_\_