



**CRUM & FORSTER®**  
A FAIRFAX COMPANY

**Food Borne Insurance**  
Application Form  
for  
**Restaurant Chains**

email [productrecall@cfins.com](mailto:productrecall@cfins.com) to submit

[www.cfins.com](http://www.cfins.com)



## Application Form for Food Borne Illness Insurance for Restaurants Chains

Please answer the following questions to provide Crum & Forster (C&F) with the information necessary to properly evaluate your Food Borne Illness insurance. This information is not only vital for evaluating your exposure; it will also provide C&F with an accurate profile of your company so that we can be an informed partner in this program:

- All questions must be answered completely – if you need more space please continue on a separate sheet of paper and indicate question number.
- Please provide a copy of your Recall Plan, Quality Control / Assurance Plan and Crisis Management Plan
- This application must be signed and dated by an officer of the company

### I. APPLICANT'S DETAILS

1. Name and Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(please attach list of subsidiaries, if applicable under this policy)

2. Main Contact Name: \_\_\_\_\_

Main Contact Phone: \_\_\_\_\_

3. Website: \_\_\_\_\_

4. Date first established: \_\_\_\_\_

5. Type of Operations:     Fast Food         Casual Dining         Fine Dining         Buffet  
(check all that apply)  Other \_\_\_\_\_

6. Total Number of Employees:                      Home Country        =        \_\_\_\_\_

Elsewhere                      =        \_\_\_\_\_

7. Please complete the following for all stores (if necessary please continue on a separate page):

State	Number of Stores	Number of Franchised Stores



8. Do you have locations outside of the United States?  Yes  No

If yes, please complete the following:

Country	Trade Name	Number of Locations

**2. SALES INFORMATION**

2.1 Please list the total sales figure for all locations for the past 2 years as well as the estimated sales for the forthcoming year:

Year	Total Sales

2.2 Total restaurant sales by category (percentages):

- Drinks    \_\_\_%     Bakery    \_\_\_%     Produce    \_\_\_%     Fruit    \_\_\_%
- Seafood    \_\_\_%     Poultry    \_\_\_%     Beef    \_\_\_%     Pork    \_\_\_%
- Dairy    \_\_\_%     Other    \_\_\_%

2.3 Please complete the following information for the top 3 stores:

	Store I	Store II	Store III
Address / Location:			
Annual Sales:			
Net Income:			
Fixed Expense:			
Payroll:			

2.4 Please complete the following information for the average store:

	Average Store
Annual Sales:	
Net Income:	
Fixed Expense:	
Payroll:	



**3. SUPPLIER INFORMATION**

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3.1. Please complete in respect of your top 5 suppliers and then all other, per below:

Suppliers Name	Product(s)	Do you Audit?	Right of Subrogation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.2. With what percentage of your suppliers do you have contracts that set out hold harmless and indemnity provisions inuring to your benefit in the event of your being supplied with contaminated / tampered products? \_\_\_\_\_%

3.3. Do you (or a third party) test food received from suppliers?  Yes  No

If yes, please describe: \_\_\_\_\_

3.4. If tests are performed by a third party, who is it? \_\_\_\_\_

3.5. Who verifies suppliers' standards for testing, storing or transportation of products?  
\_\_\_\_\_

**4. LOCATION / STORE INFORMATION**

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4.1 Metropolitan area (city) with largest number of locations? \_\_\_\_\_

4.2 Average total number of meals served per week at all locations? \_\_\_\_\_

4.3 Average number of meals served per week / per location? \_\_\_\_\_

4.4 Average number of meals served per week / per trade name? \_\_\_\_\_

4.5 Average dollar (\$) value of guest check? \_\_\_\_\_

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

If yes, please list "take out" locations: \_\_\_\_\_

\_\_\_\_\_

4.7 Please indicate the planned number of new locations in the next 2 months (include expected open date and city / state of new location):  
\_\_\_\_\_

\_\_\_\_\_



**5. SAFETY / HACCP / QUALITY CONTROL**

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- 5.1 Do you have a Quality Assurance Plan in place (if yes, please provide copy)?  Yes  No
- 5.2 Do you have any SSOPs (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practices) in place (if yes, please provide copy)?  Yes  No
- 5.3 Do you have a HACCP Plan in place (if yes, please provide copy)?  Yes  No
- 5.4 Are newly hired employees trained in kitchen sanitation practices?  Yes  No
- If yes, does it include:
- |                                               |                              |                             |
|-----------------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Personal Hygiene     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Cross Contamination  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Food Temperature     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Cutting Boards       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Proper Storage       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Equipment Sanitation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- 5.5 Do you check to ensure that employees continue to use good food handling procedures and hygiene?  Yes  No
- If yes, how: \_\_\_\_\_
- 5.6 Do you offer refresher courses / ongoing training for existing employees?  Yes  No
- If yes, please explain: \_\_\_\_\_
- 5.7 Does the person in charge on each operating shift have recognized Food Safety Certification?  Yes  No
- 5.8 Is there a written procedure for customer complains of an alleged food borne illness?  Yes  No
- 5.9 Is there a written procedure for Health Department notification of an alleged food borne illness?  Yes  No
- 5.10 Is there a written procedure for responding to a notification of a recall from a supplier?  Yes  No
- 5.11 Are "take out" containers labeled with proper Food Handling instructions (i.e. proper storing, reheating etc.)?  Yes  No

**6. FRANCHISED LOCATIONS**

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- 6.1 Are all owned or franchised locations required to follow specific written procedures, guidelines, rules and standards?  Yes  No
- If yes, does it include:
- |                                          |                              |                             |
|------------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Food Handling   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Hygiene         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Cooking Methods | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- 6.2 Is training required in the Franchise Agreement?  Yes  No
- 6.3 Are franchisees required to provide ongoing safety training to new and existing employees?  Yes  No
- 6.4 Are Franchisees required to comply with food safety requirements and standardized procedures?  Yes  No



**7. LOSS INFORMATION**

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7.1. Have you, your premises, products or processes been the subject of recommendations or complaints made by any regulatory body, internal or third party audit over the past year?  
 Yes  No

If yes, please provide details: \_\_\_\_\_

7.2. In the last 10 years have you withdrawn or recalled any products or have you been responsible for the costs incurred by any third party arising from the withdrawal or recall of any products regardless of any subrogation?  
 Yes  No

**If yes, please complete a Food Borne Illness claims supplemental form, as attached.**

7.3. Does the company know of any actual, threatened or suspected product tampering involving any of the company's products during the past 10 years?  
 Yes  No

7.4. Does the company, its directors and officers have any knowledge of any current situation, fact or circumstances which might lead to a claim under this policy?  
 Yes  No

**8. LIMITS & SELF INSURED RETENTION**

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8.1. Limits of Insurance requested: Food Borne Illness = \_\_\_\_\_  
Malicious Tampering = \_\_\_\_\_

8.2. Self Insured Retention Requested: Food Borne Illness = \_\_\_\_\_  
Malicious Tampering = \_\_\_\_\_

**9. ATTACHMENTS REQUIRED WITH THE APPLICATION**

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- List of Locations
- Financial Statements
- 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
- Employee Training Guidelines
- Crisis Management Plans



**10. COVERAGE**

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10.1. Base coverage under this policy is Loss of Gross Profit, Rehabilitation Expenses and Consultant Cost. Please indicate what additional elements of Loss you would like to have covered:

- Extra Expense
- Recall Costs
- Product Extortion
- Adverse Publicity
- Replacement Costs
- Franchisee
- Long Term Agreement

**11. DECLARATIONS**

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I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

I certify that I have read and understand the applicable fraud warning set forth below:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA- see Additional Fraud Notices attached hereto for these States). INSURANCE BENEFITS MAY ALSO BE DENIED.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_



## **ADDITIONAL FRAUD NOTICES**

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO HAWAII APPLICANTS:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.



