

# Retail – RESTAURANT Operations



Business Name: \_\_\_\_\_ 1st year in business: \_\_\_\_\_

Website Address: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Total # of Employees: \_\_\_\_\_ Employee breakdown: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal \_\_\_\_\_ Leased/Contracted \_\_\_\_\_

Number of Locations? \_\_\_\_\_ If more than 1 location, then are employees shared between locations? Yes No

If this is a new business, provide a description of the owner's prior experience managing or owning this type of business (minimum of 2 years of experience required). \_\_\_\_\_

## Operations

Are there any interns or volunteers used for operations? Yes No If yes, what dept.? \_\_\_\_\_

What is the maximum amount of weight moved manually by one person? \_\_\_\_\_

## Safety

What level is your slip-resistant shoe policy? No policy Recommend Require

Are employees trained on safe lifting techniques? Yes No

Are stairs (interior & exterior) in good condition, well-lit and have handrails as required? Yes No N/A

PLEASE REPLY WITH A **YES** FOR ALL THAT APPLY OR SELECT **N/A** IN THE NOTED CATEGORY.

## Off-site Catering Yes / N/A

Is off-site catering: Commercial Residential Both

What type of catering (select all that apply)? Drop-off Buffet Table Service Other

What is the maximum number of employees used to staff a catered event? \_\_\_\_\_

How do employees get to the catered events? Own Vehicle Company Vehicle

Maximum number of employees in one vehicle? \_\_\_\_\_

## Delivery Yes / N/A

Total number of drivers: \_\_\_\_\_ Full time \_\_\_\_\_ Part time

Number of company owned vehicles? \_\_\_\_\_ Box Trucks \_\_\_\_\_ Cargo Vans \_\_\_\_\_ Sedans \_\_\_\_\_ Other

Any owner/operator delivery trucks? Yes No If Yes, how many? \_\_\_\_\_

Are all drivers over 23 years old? Yes No

How often are MVR's pulled? Annual Semi-annual Quarterly Other

Any residential (non-catering) delivery? Yes No If yes, please provide:

Delivery %: \_\_\_\_\_ Delivered by Insured \_\_\_\_\_ Delivery by Third Party (i.e., Uber Eats, Grub Hub)

Delivered by: \_\_\_\_\_ Number of Owned Vehicles \_\_\_\_\_ Number of Employee Owned Vehicles

What hours are food delivery services offered? \_\_\_\_\_

Delivery radius? \_\_\_\_\_

Any unusual job tasks performed by employees that are outside the scope of work for your industry? Yes No

If yes, please list and give a brief explanation: \_\_\_\_\_

Name (of person completing the form) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_