



APPLICATION FOR INSURANCE

Restaurant Foodborne Illness & Contamination Insurance

MARINE
PROFESSIONAL
MIDDLE MARKET
ENVIRONMENTAL
CRISIS MANAGEMENT

*innovative solutions,
underwriting excellence*

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 Home Office: One Nationwide Plaza
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FOODBORNE ILLNESS AND CONTAMINATION INSURANCE APPLICATION RESTAURANTS

SECTION 1—APPLICANT INFORMATION

Applicant Name: _____
 Mailing Address: _____
 Physical Address: _____
 Contact Name: _____ Contact Title: _____
 Telephone: _____ Website: _____
 Year business started operation: _____

SECTION 2—OPERATIONS

Restaurant Trade Names:			
Description of Operations:			
Salad Bar Available to Customers:		%	of Revenue:
Raw Seafood Served:		%	of Revenue:
Total Annual Revenue:			
Number of Restaurants:			
Total Number of Employees:			
Employees at Largest Restaurant:			

SECTION 3—RESTAURANT DETAILS

Average Restaurant—Annual Data		Largest Restaurant—Annual Data	
Revenue:	\$	Revenue:	\$
Net Income:	\$	Net Income:	\$
Fixed Expense:	\$	Fixed Expense:	\$
Payroll:	\$	Payroll:	\$
Meals Per Week:		Meals Per Week:	
Average Guest Check:	\$	Average Guest Check:	\$

SECTION 4—TOP 5 FOOD AND BEVERAGE SUPPLIERS

Supplier	Product Supplied

Are food and beverages tested prior to use? Yes No

Is there a verification process to confirm that suppliers are meeting standards for testing, storage and transport of products?..... Yes No

SECTION 5—DISTRIBUTORS UTILIZED

Distributor	Product Supplied

SECTION 6—OPERATIONAL PROCEDURES

Please identify all the written procedures in place (attach a copy to application):

Food Handling: _____

Cooking Methods: _____

Sanitation: _____

Are ServSafe Procedures utilized? Yes No

Are there Franchise agreements in place that required compliance with written procedures? Yes No

Is there a Hazard Analysis Critical Control Point Plan in place? Yes No

Are audits/checks in place to confirm employee compliance with procedures?..... Yes No

SECTION 7—EMPLOYEE TRAINING

Please identify elements of new employee kitchen sanitation training:

Personal Hygiene: _____

Food Temperature: _____

Storage: _____

Equipment/Workstation Sanitation: _____

Cross Contamination: _____

Cutting Boards: _____

Are there refresher courses? Yes No

SECTION 8—CRISIS MANAGEMENT

Is there a written Crisis Management Plan in place?..... Yes No

If yes, who is designated spokesperson? _____

SECTION 9—PREVIOUS INCIDENTS

During the last five years, has any restaurant experiences any of the following incidents:	Incident		Financial Impact
Supplied Product Contamination:	Yes	No	
Foodborne Illness:	Yes	No	
Malicious Product Tampering:	Yes	No	
Extortion Demand:	Yes	No	
Workplace violence of hostage event:	Yes	No	
Citation or closure by public health authority:	Yes	No	
Incident involving a contagious person (either employee or guest):	Yes	No	
If the answer is yes and the incident resulted in a financial impact, please complete a claims supplement for each such incident.			

FRAUD WARNINGS

The applicant represents that they above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant’s acceptance of the insurer’s quotation is required prior to binding coverage and policy issuance.

All written statement and material furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)



NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject 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: 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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____