



Pizza Delivery Insurance Questionnaire

Workers' Compensation Section

Payroll Information (Full-Time = 30 or more hours per week)

Classification	Estimated Annual Payroll	No. of Full-Time Employees	No. of Part-Time Employees
Restaurant	_____	_____	_____
Delivery	_____	_____	_____
Clerical (if any)	_____	_____	_____

How often do you have Safety Meetings? _____ Do you maintain meeting records? _____

Hours of Operation: _____ Delivery Hours: _____

Do you have children living at home who work in the store? Yes No

If yes, please list the children's names & ages: _____

Is medical coverage offered to eligible employees? Yes No

If yes, do you pay at least 50% of the premium? Yes No

If "Corporation," "Partnership" or "LLC", list name, title and percentage of ownership for all officers, partners, or members.

Total percentages of ownership must equal 100%. [NOTE: Only Officers with Stock Ownership ("Corporation"), General Partners ("Partnership") or Managing Members ("LLC") can be excluded.]

Name	Title	Ownership %	Annual Salary	Coverage Included or Excluded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any change of the entity, such as incorporation or creation of a partnership should be reported to us immediately.

This change could affect your coverage and/or premium.

LOSS INFORMATION REQUIRED = Please attach current loss runs for last five years.

1. 5 years Loss Runs for Workers' Comp

Current Insurance Carrier: _____ Expiration Date: _____



Pizza Delivery Insurance Questionnaire

Wage and Turnover Details:

Average hourly wage of drivers:

Average hourly wage of cooks:

Annual Turnover Rate *(divide the number of voluntary separations during the year by the average number of employees during the year and multiply by 100.):*

Benefit Details:

Please check if following provided:

Paid Sick Leave: Paid Vacation:

Subsidized Health Insurance:

Health/Wellness Program/EAP:

401k/Retirement Plan:

Drug Testing Details:

Please check if following provided:

Pre-employment screening:

Post-Accident screening:

Random Screening:

Safety Program:

Written safety plan:

Regular meetings between staff and management:

Accident Investigation Return to Work Program:

Signature of Applicant: _____

Date: _____

Please return completed forms to Stan Sanchez at stan.sanchez@epicbrokers.com or fax to 925.867.3421

3000 Executive Parkway, Suite 325, San Ramon, CA 94583 | Phone: (877) 601-3742 | Fax: (925) 867-3421