

# Restaurant Marketing & Delivery KBS Application Supplement

1. **Named Insured:** \_\_\_\_\_

2. **Operational Profile**

# of Deliveries per Year: \_\_\_\_\_ Your Delivery Fee: \$ \_\_\_\_\_  
 Average Order Size: \$ \_\_\_\_\_ % Food Charge Retained (vs. owed to the restaurant): \_\_\_\_\_ %  
 Driver Payment Method(s) – mark all that apply  Hourly  Miles  Commission  
 Other: \_\_\_\_\_

| 3. <b>Daily Driving Time</b> | Under 1 hour | 1-2 hours | 2-4 hours | Over 4 hours |
|------------------------------|--------------|-----------|-----------|--------------|
| <b>Number of Drivers</b>     | _____        | _____     | _____     | _____        |

*For drivers working fewer than five days per week, take their total weekly hours and divide by five*

| 4. <b>Earning per Location</b>   | Location #1: | Location #2: | Location #3: |
|----------------------------------|--------------|--------------|--------------|
| <b>Current Year (estimate)</b>   | \$ _____     | \$ _____     | \$ _____     |
| <b>1<sup>st</sup> Prior Year</b> | \$ _____     | \$ _____     | \$ _____     |
| <b>2<sup>nd</sup> Prior Year</b> | \$ _____     | \$ _____     | \$ _____     |

*To calculate earnings, use retained commissions (or equiv.) + fees + revenues from other product sales*

5. **Safety Practices:**

a. Driver MVR Standards: -- Max. # Accidents Permitted (past 3 years): \_\_\_\_\_  
 -- Max. # Moving Violations Permitted (past 3 years): \_\_\_\_\_  
 b. Written Safety Manual (if yes, include copy)? **YES**  **NO**   
 c. Temp. office work available for injured drivers? **YES**  **NO**   
 d. Vehicles Marked with your Business Name? **YES**  **NO**   
 If so, check types:  permanent  magnetic other: \_\_\_\_\_  
 e. Describe any other methods used to promote safety: \_\_\_\_\_

6. **Liquor Liability**

Coverage Desired: **YES**  **NO**  Limit Desired:  \$500,000  \$1,000,000  
 Revenues from Liquor: \$ \_\_\_\_\_ Licensing # / Info: \_\_\_\_\_  
 Loss Prevention Measures (e.g. age check, etc.): \_\_\_\_\_

7. **Applicant's Representations and Signature**

The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_