



Fiercely Committed.  
Proudly Independent.

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### WORKERS COMPENSATION RESTAURANT SUPPLEMENT

Name of Agent: \_\_\_\_\_

Please circle the answer on the following operational questions.

- |    |                                    |     |    |
|----|------------------------------------|-----|----|
| 1. | Vending Concessionaires            | Yes | No |
| 2. | Catering Services                  | Yes | No |
| 3. | Food Concessionaires               | Yes | No |
| 4. | Taverns / Bars / Nightclubs        | Yes | No |
| 5. | Restaurants with dancing           | Yes | No |
| 6. | Restaurants with delivery          | Yes | No |
| 7. | Open 24 Hours                      | Yes | No |
| 8. | Single Store Fast Food Restaurants | Yes | No |
| 9. | Dance Halls                        | Yes | No |

Please describe in detail any “yes” questions and any other detail on the operation that may not be listed above:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent or Insured Signature