

**PROHOST SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION
EATING AND DRINKING ESTABLISHMENTS**

Named Insured: _____

Agent: _____

Policy Effective Date: _____

Does this account -

- 1. Have liquor receipts in excess of 50%? _____**
- 2. Deliver food? _____ If yes, what percent of total sales? _____**
- 3. Offer catering? _____ If yes, what percent of total sales? _____**
- 4. Have food concessions? If yes, what percent of total sales? _____**
- 5. Offer cafeteria style service? _____**
- 6. Remain open 24 hours a day? _____**