

Marsh | McDonald's 2014 Workers' Compensation Program Application Instructions

- General Information:** Phone, Fax, Email, Type of Business. Legal Insured Name – Fill in or make any changes where necessary.
- Store Information:**
Store #: This is the NATIONAL Store Number. A non-store location showing payroll (e.g. an office) has a number from 001 to 010.
- Operating Name,
Address &
Federal ID Number:** List all store entity names, addresses and Federal ID Numbers here. It is important that your policy include all legal entity names. This includes ALL office, warehouse and store locations which are to be covered by this policy.
- Class Description:**
- Manager/Crew – This would include a store manager, assistant manager, swing-manager, or crew.
- Multi-Store Mgr. – This classification would apply to an employee who oversees the operations of several stores. This employee does not work in the daily running of the store, in the cooking area or serving customers.
- Clerical – This classification applies to an employee who does not physically work in the store. This applies mainly to clerical workers who work at a separate office location.
- Estimated Payroll:** Indicate your estimated annual payroll for 2014.
- Additional Stores:** Complete full information for any store you own that is not listed.
- Operator Payroll:** Fill in the name, title, duties and salary (or draw) for all licensed Owner/Operators and Executive Officers.
- Experience Mod:** Indicate and attach a copy of your current work comp experience modification worksheet.
- Loss History:** Attach currently valued Workers' Compensation loss reports for 2010, 2011, 2012, and 2013. The loss reports must be valued within 90 days of submission date.

Application can be returned via email to **mcdonalds@marsh.com**
or you may fax them to **1-866-395-4725**

Marsh U.S. Consumer
Workers' Compensation Program Application
 Policy Term: _____

Prepared for:	Return to:
	Marsh U.S. Consumer P.O. Box 14492 Des Moines, IA 50306 Fax: 866-395-4725 Email: mcdonalds@marsh.com
Phone:	Type of Business:
Fax:	Region:
Legal Insured Name:	Email:
Current Policy Expiration Date:	Current Work Comp Carrier:

Store Estimated Payrolls (See last page for Corporate Officers - do not include here)

Store Entity If the store operates under a different entity than the Legal Insured Name shown above, please indicate the store entity name below. If a store is not listed, provide the store # and information requested below on a separate sheet.

National Store #	Store Operating Name & Address, FEIN and Unemployment #	Latest Closing Time		Employees		Class Description	2014 Estimated Annual Payroll
		Lobby	Drive Thru	Full Time	Part Time		
						Manager/Crew	
						Multi-Store Manager	
						Clerical	
						Manager/Crew	
						Multi-Store Manager	
						Clerical	
						Manager/Crew	
						Multi-Store Manager	
						Clerical	
						Manager/Crew	
						Multi-Store Manager	
						Clerical	

Location Schedule – continued

National Store #	Store Operating Name & Address, FEIN and Unemployment #	Latest Closing Time		Employees		Class Description	2014 Estimated Annual Payroll
		Lobby	Drive Thru	Full Time	Part Time		
						Manager/Crew	
						Multi-Store Manager	
						Clerical	
						Manager/Crew	
						Multi-Store Manager	
						Clerical	
						Manager/Crew	
						Multi-Store Manager	
						Clerical	
						Manager/Crew	
						Multi-Store Manager	
						Clerical	
						Manager/Crew	
						Multi-Store Manager	
						Clerical	
						Manager/Crew	
						Multi-Store Manager	
						Clerical	
						Manager/Crew	
						Multi-Store Manager	
						Clerical	

Owner/Operator – Corporate Officer Salary

Name/Title	Duties	2014 Est. Annual Salary	Include/Exclude coverage for Workers' Compensation*
	<input type="checkbox"/> Works in Store <input type="checkbox"/> Clerical Only <input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
	<input type="checkbox"/> Works in Store <input type="checkbox"/> Clerical Only <input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
	<input type="checkbox"/> Works in Store <input type="checkbox"/> Clerical Only <input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

*Should you choose to exclude coverage for Owner/Operators or officers, there will be no coverage for work-related injuries under your Workers' Compensation policy. If your choice of including or excluding coverage conflicts with state law, state law will apply. Most healthcare insurance policies exclude work-related injuries. Rejection of coverage could leave you uninsured. Please refer to your health insurance policy to understand any exclusions that may exist.

- Current Experience Mod: _____ Effective: _____
(Attach a copy of Modification Worksheet or Policy Endorsement)
- Number of years as a McDonald's Operator: _____
- Do you lease any employees from a leasing company or PEO (Professional Employment Organization)?
 Yes No
 If "Yes," provide name of leasing company and a copy of leasing contract: _____
- Are any employees leased to other companies or businesses on a permanent or temporary basis? Yes No
- Is there any open air seating at heights? (i.e. decks, roof top or patios over water) Yes – Store # _____ No
- Loss History - Attach your currently valued loss history for the years 2010, 2011, 2012, and 2013. Loss data must be valued within 90 days of submission.
- Do you have more than 50% Interest in any other business or operate multiple business enterprises? Yes No
- Do you offer delivery? Yes No
- Does your company own or operate any aircraft in the course of your business? Yes No
- Do you have any security guards? Yes No
 If yes, indicate which store(s) have them and if they are armed or unarmed. _____
 If yes, provide a certificate evidencing coverage elsewhere.
- Authorized Contact Person _____

I authorize Marsh to utilize the information provided to obtain a quote from The Hartford in the McDonald's Workers' Compensation Program.

X _____
 McDonald's Owner/Operator Signature Date

By signing this application, I agree that the statements made are true and correct. It is agreed that by providing an Authorized Contact Person on the Application, that individual is authorized to act on behalf of the McDonald's Owner/Operator regarding insurance. The Authorized Contact Person has full permission to discuss policy details that may otherwise be confidential. The McDonald's Owner/Operator may revoke this authorization at any time either by calling or writing Marsh.

Broker of Record Request
 Please accept our request that Seabury and Smith Inc. be recognized as our exclusive insurance agent for our quote with the Hartford. This authorization replaces all previous authorizations that may have been completed for any other insurance representative for the relevant lines of business, and we request that any previous quotes through any other insurance representative be withdrawn. If currently with The Hartford, Hartford Policy Number _____ Producer Number 91829283

Please indicate by checking the boxes below if your stores are located in any of the following and provide the applicable National Store number(s) and highest number of employees at each location at any given time:

	National Store Number(s)	Highest Number of Employees at each
<input type="checkbox"/> Airport		
<input type="checkbox"/> Amusement or Theme Park		
<input type="checkbox"/> Exhibition or Convention Center		
<input type="checkbox"/> Government or Municipal Building		
<input type="checkbox"/> High Rise Building (50 or more stories)		
<input type="checkbox"/> Hotel (25 or more stories or >250 rooms)		
<input type="checkbox"/> Historic Location		
<input type="checkbox"/> Medical Facility		
<input type="checkbox"/> Military Base		
<input type="checkbox"/> Stadium/Sports Complex		
<input type="checkbox"/> Thru-Way Store		
<input type="checkbox"/> Transportation Terminal or Port (i.e. bus, rail, ferry or boat)		
<input type="checkbox"/> University or Campus		

Identify controls in place to mitigate exposure to robbery or other emergency situation. (Select all that apply):
<input type="checkbox"/> Hold-up alarm system/panic button with central station monitoring <input type="checkbox"/> Adequate exterior lighting <input type="checkbox"/> At least three employees on premise at all times <input type="checkbox"/> Surveillance cameras – Closed Circuit TV or video data recording devices <input type="checkbox"/> Robbery response training provided to employees <input type="checkbox"/> None of the above

Which McDonald's Corporate Safety and Training programs are followed? (Select all that apply):
<input type="checkbox"/> Formal written safety program <input type="checkbox"/> Safety meetings with Managers/Supervisors and Crew <input type="checkbox"/> Routine safety inspections of restrooms, dining area, kitchen and restaurant exterior <input type="checkbox"/> Accident investigations performed <input type="checkbox"/> Transitional return to work offered for injured workers <input type="checkbox"/> Use approved floor cleaning materials <input type="checkbox"/> Use the slip resistant floor treatment in all stores <input type="checkbox"/> Slip resistant shoe program in place – funded <input type="checkbox"/> Slip resistant shoe program in place – unfunded <input type="checkbox"/> New hire training including lifting and material handling; safe use, cleaning and maintenance of equipment; and proper use of kitchen equipment <input type="checkbox"/> Annual review of MVRs for employees driving for business. <input type="checkbox"/> Criminal back ground checks of employees performed <input type="checkbox"/> None of the above