

MCDONALDS WORKERS COMPENSATION APPLICATION



Applicant Name: _____

Effective Date : _____ **Expiration Date:** _____

Mailing Address (including zip code ---) _____ **Years In Business** _____

Person of Contact: _____ E-mail Address: _____ **Region:** _____

Phone No. _____ Fax No. _____ Mobile/Cell _____

Sole Proprietor _____ Corporation _____ Partnership _____ LLC _____ Trust _____

Joint Venture _____ Trust _____ Other _____

**INDIVIDUALS INCLUDED/EXCLUDED
PARTNERS, OFFICERS, RELATIVES (MUST BE EMPLOYED BY BUSINESS OPERATIONS)**

State	Name	Title	% of Ownership	Duties	Workers' Compensation	Estimated Annual Remuneration/ Salary
				Administrative <input type="checkbox"/> Restaurant <input type="checkbox"/>	Include <input type="checkbox"/> Exclude <input type="checkbox"/>	
				Administrative <input type="checkbox"/> Restaurant <input type="checkbox"/>	Include <input type="checkbox"/> Exclude <input type="checkbox"/>	
				Administrative <input type="checkbox"/> Restaurant <input type="checkbox"/>	Include <input type="checkbox"/> Exclude <input type="checkbox"/>	

GENERAL INFORMATION – Please Explain All Yes “Y” Responses

- | | | |
|---|-----|----|
| 1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? | Yes | No |
| 2. ANY BUSINESS OWNED VEHICLES? | Yes | No |
| 3. DO YOU DELIVER? | Yes | No |
| 4. ANY EMPLOYEE UNDER 16 OR OVER 60 YEARS OF AGE? | Yes | No |
| 5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? | Yes | No |
| 6. ARE EMPLOYEE HEALTH PLANS PROVIDED? | Yes | No |
| 7. ANY GROUP TRANSPORTATION PROVIDED? | Yes | No |
| 8. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED IN THE LAST THREE (3) YEARS?
(NOT APPLICABLE IN MO) | Yes | No |
| 9. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | Yes | No |

SAFETY & LOSS PREVENTION

- | | | |
|--|-------|----|
| 10. IS A WRITTEN SAFETY PROGRAM IN OPERATION? | Yes | No |
| 11. SLIP RESISTANT SHOE PROGRAM IN PLACE? | Yes | No |
| 12. STORES OPEN 24 HOURS – DO YOU HAVE CONTROLS IN PLACE | | |
| A. IS THE ADEQUATE LIGHTING AROUND THE PREMISES? | Yes | No |
| B. AT LEAST 3 EMPLOYEES ON PREMISES | Yes | No |
| C. SURVEILLIANCE CAMERAS | Yes | No |
| D. IF THE DOORS ARE LOCKED – WHAT TIME DO YOU SHUT DOWN THE LOBBY? | _____ | |

Return the following along with the application: (1) copy of your current “2015 experience mod worksheet” and (2) copy of the currently valued loss runs for the years of 2010,2011, 2012, 2013 and 2014 dated no earlier than 10/1/14

Please Provide Current Store Information (Fein, Address, Payroll, Employee Count) By Location

STORE NUMBER	FEIN & UNEMPLOYMENT ID#	ADDRESS	9083/9079 RESTAURANT PAYROLL	8810 CLERICAL PAYROLL	8742 SALESPERSON PAYROLL	EMPLOYEE FULL TIME	EMPLOYEE PART TIME

ARE ANY STORES OPEN 24 HOURS - DRIVE THRU AND/OR LOBBY? IF SO, PLEASE LIST STORE NUMBERS.

REMARKS (ATTACHED ADDITIONAL SHEETS IF MORE SPACE IF REQUIRED)

MCDONALD'S OWNER/OPERATOR SIGNATURE _____
DATE