

4350 W. Cypress Street, Suite 300 Tampa, FL 33607

Telephone: «CSR_Phone» Fax (727) 791-1613 Email: McDonalds-WC@ajg.com

McDonald's Owner/Operator Insurance Questionnaire Workers Compensation

Please complete one questionnaire for each separate business entity.

BUSINESS INFORMATION

Name of Owner/Operator:	
Name of Business:	
Mailing Address:	 Mailing Address Only Location to be Covered
Telephone:	Fax
E-Mail Address	FEIN:

Corporation	Partnership	Number of Years in Business:
Individual	Joint Venture	LLC Other

Name of <u>all</u> Owners / Officers	Title	% of Ownership	Workers Comp.	Duties	Annual Remuneration
			include exclude	☐ Restaurant ☐Administrative	
			include exclude	Restaurant Administrative	
			include exclude	Restaurant Administrative	
Employee Information	Full Time	Part Time	Average Wage Per Hour	# of Employees Hired in past 12 Months	
Restaurant - Managers & Crew					
Area Supervisors					
Clerical					

Signature/Title



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Store Entity Name & Estimated Annual Payrolls

[See Page 1 for Corporate Officers – Do NOT Include Here]

STORE STORE ENTITY NUMBER NAME & FEIN	STORE ENTITY	FORE ENTITY	Latest Closing Time			Estimated Annual Payroll
	STORE ADDRESS:	Lobby	Drive Thru	Class Description		
					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	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	



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Store Entity Name & Estimated Annual Payrolls

[See Page 1 for Corporate Officers – Do NOT Include Here]

STORE	STORE STORE ENTITY STORE ADDRE	STODE ADDRESS.	Latest Closing Time			2023 Estimated
	NAME & FEIN	STORE ADDRESS:	Lobby	Drive Thru	Class Description	Annual Payroll
					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	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
				Multi-Store Manager		
					Clerical	

[If a store is not listed above, please provide the store number & information. Add additional information on a separate sheet as needed.]

Signature/Title



Insurance Risk Management Consulting

Store Entity Name & Estimated Annual Payrolls

[See Page 1 for Corporate Officers – Do NOT Include Here]

	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

[If a store is not listed above, please provide the store number & information. Add additional information on a separate sheet as needed.]

Signature/Title

Date