

Partners. Products. People.

Restaurant Application

Brokerage Name: _____ Contact : _____
 Brokerage Address: _____ Postal Code: _____
 Phone Number: _____ Fax Number: _____ E-mail Address: _____
 Application Date: _____ Expiry Date: _____

General Information

Insured's Name: _____
 Mailing Address: _____ Postal Code: _____
 Risk Address: _____ Postal Code: _____
 Previous Declines: _____ Yrs. Exp.: _____ Time in Current Location: _____
 Claims History: _____

Coverage Summary

Coverage	Amount	Coverage Form	Guardian Use Only
Building	\$	<input type="checkbox"/> Named Perils <input type="checkbox"/> All Risk Policy Deductible: <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$
Contents	\$	<input type="checkbox"/> Named Perils <input type="checkbox"/> All Risk Policy Deductible: <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$
Business Interruption	\$	<input type="checkbox"/> Profit Form <input type="checkbox"/> Gross Earnings – 80% Co	\$
Cell Phones / Laptops	\$		\$
Glass -\$250 Deductible	\$		\$
Broadform Money	\$		\$
Employee Dishonesty	\$		\$
Deposit Forgery	\$		\$
In / Out Robbery	\$		\$
CGL Limit	\$		\$
Tenants Legal	\$		\$
Earthquake	\$		\$
Flood	\$		\$
Sewer Backup	\$		\$
Equipment Breakdown	\$		\$
Consequential Loss Ext.	\$		\$

Security Information

Alarm System: Monitored Local Monitoring Company: _____ ULC Approved: Yes No
 Windows Barred: Yes No Banking Daily: Yes No Frequency if not daily: _____
 Type of Safe: _____ Cash Exposure : _____

Underwriting Questions

Construction of building: _____ Age of building: _____ Height of building: _____ Total Area of Building: _____

Floor(s) Material: _____ Building Sprinklered: Yes No Hydrant Distance (m. / ft.) : _____ Firehall Distance (m. / ft.) : _____

Fuel of cooking units: _____ Galvanized or welded hoods over units: Yes No If "no" describe those not covered: _____

Are filters in hood: Yes No Frequency of filter cleaning: _____ Is bottom of hood less than 7ft. from the floor: Yes No

Clearance between cooking units and wall: _____ Is the wall behind cooking unit : metal Yes No If "no" describe other: _____

Does vent lead through: Wall Ceiling Floor Are clean outs provided: Yes No Are deep fryers used: Yes No Type: Built In Mobile

Is automatic shut off provided: Yes No Is there a manual pull in the path to exit: Yes No Is the kitchen grease free: Yes No

Any high efficiency appliances: Yes No Are vegetable oils used: Yes No In high efficiency fryers: Yes No

If "yes" has system been upgraded to UL-300: Yes No Is there a UL approved automatic fire extinguishing system installed: Yes No Type: _____ Service Contract: Yes No

If "no" serviced by: _____ * Mandatory Date of last service: _____ How often is the hood & duct system cleaned: _____ *Mandatory

Name of contractor & last service date: _____ # of fire extinguishers: _____ Type: _____ Date last of last extinguisher service: _____

Gross receipts:	Food:	Spirits:	Wine:	Beer:	Other:	Total:	Heat Detector System:	<input type="checkbox"/> Yes
	\$	\$	\$	\$	\$	\$		<input type="checkbox"/> No

Live entertainment: Yes No Dancing: Yes No Other entertainment: List all – pool tables, darts etc: _____

Hours of operation: Sun: _____ Mon: _____ Tues: _____ Wed: _____ Monitored Heat Detectors: Yes No

Thurs: _____ Fri: _____ Sat: _____ Stats: _____ Other: _____ Patio Seating: Yes No Sidewalk Seating: Yes No

Does municipality require being added as additional insured: Yes No Delivery Service: Yes No If delivery is contracted or uses others, are certificates required: Yes No
If "yes" owned vehicles: Yes No

Exposing Properties: North _____
South _____
East _____
West _____

Town Grade: _____

Comments: _____