

**A) Tell us about yourself:**

1. Restaurant Name: \_\_\_\_\_
2. Owners Name: \_\_\_\_\_
3. Contact Phone Number(s) & Fax: \_\_\_\_\_
4. Restaurant's full Address: \_\_\_\_\_
5. How long have you been in business: \_\_\_\_\_
6. How long at this location: \_\_\_\_\_
7. Is this location owner operated?  Yes  No
8. In the past 5 years, have you ever been cited for violations of any health or safety codes?  
 Yes  No / If "yes", please provide details: \_\_\_\_\_

**B) Tell us about your restaurant:**

1. Total Annual Receipts: \$ \_\_\_\_\_
  - Liquor/Wine/Spirits Receipts: \$ \_\_\_\_\_
  - Food Receipts: \$ \_\_\_\_\_
  - Other Receipts (Please advise from what?): \$ \_\_\_\_\_
2. Please describe any outside Entertainment/Activities (events, sports, etc..) which you substantially sponsor/operate: \_\_\_\_\_
3. Normal hours of operation: \_\_\_\_\_
4. Inside square footage: \_\_\_\_\_
5. Number of seats inside: \_\_\_\_\_ # Seats outside patio: \_\_\_\_\_
6. Number of full time staff: \_\_\_\_\_
7. Number of part time staff: \_\_\_\_\_
8. Do you have a chef (full time/part time)? \_\_\_\_\_
9. All stock 12" off ground? \_\_\_\_\_
10. Are the premises treated for pest control purposes?  Yes  No
  - If "yes" to the above, do you have a maintenance agreement?  Yes  No
11. Does your restaurant make deliveries?  Yes  No
  - If "yes", what percentage of sales does this represent? \_\_\_\_\_
  - If "yes", do you hire independent contract drivers? \_\_\_\_\_
  - If "yes", do you receive proof of insurance from all drivers? \_\_\_\_\_
12. Does your restaurant serve alcohol?  Yes  No
  - If "yes", have you ever been fined for a violation concerning alcohol?  Yes  No
  - If "yes", have all alcohol servers been trained?  Yes  No
  - If "yes" to the above, which training program? \_\_\_\_\_
  - If "yes", how is the age of a customer verified? \_\_\_\_\_
  - If "yes", do you have a ride home policy?  Yes  No
  - If "yes", do you ever hire bouncers, doormen or additional security?  Yes  No

**C) Tell us about your premises:**

1. Building Type (i.e. single unit, industrial mall, enclosed retail mall, retail strip plaza, apt/condo building): \_\_\_\_\_
2. Number of stories: \_\_\_\_\_
3. Building material (i.e. fire resistive, frame, brick): \_\_\_\_\_
4. Year built: \_\_\_\_\_  
If over 25 years, please advise what year the following were last updated:
  - Electrical:  Within past 5 yrs,  5– 10 yrs,  10– 25 yrs,  Over 25 yrs,  Never
  - Plumbing:  Within past 5 yrs,  5– 10 yrs,  10– 25 yrs,  Over 25 yrs,  Never
  - Heating:  Within past 5 yrs,  5– 10 yrs,  10– 25 yrs,  Over 25 yrs,  Never
  - Roof:  Within past 5 yrs,  5– 10 yrs,  10– 25 yrs,  Over 25 yrs,  Never
5. Is there a basement, and if yes, are drains checked and clear: \_\_\_\_\_

**D) Fire Protection:**

1. Fire Hydrant (within 100 Meters)?:  Yes  No
2. Approximate distance to nearest Fire Hall: \_\_\_\_\_
3. Are your premises protected by a sprinkler system?  Yes  No
4. Do you do any deep frying?  Yes  No
  - If deep frying, describe Automatic Fire Suppression System:  
 Wet System  ULC 1254.6 type  "K" Type Extinguisher

**E) Security:**

1. Do you have a monitored burglar alarm system?  Yes  No
  - a. If "yes", describe system (i.e. Contacts on all windows and door, motion detector, etc): \_\_\_\_\_
  - b. If "yes", name of monitoring company: \_\_\_\_\_
  - c. Do you have a Safe? If "yes", describe what type:  Class 1,  Class 2,  Class 3
2. Maximum amount of cash on premises: \$ \_\_\_\_\_

**F) About your Insurance:**

1. In the past 5 years, has prior insurance coverage ever been declined or canceled?  
 Yes  No
2. Have you made any claims in the past 5 years?  Yes  No
  - If "yes", please advise the Date of Loss, the Cause, and Value of the Loss: \_\_\_\_\_
3. Name of your existing Insurance Company: \_\_\_\_\_
4. Policy Number: \_\_\_\_\_
5. Policy Term: \_\_\_\_\_
6. Premium: \$ \_\_\_\_\_

**G) Coverage Limit Requirements:**

1. Building (if applicable): \$ \_\_\_\_\_
2. Contents (please completed Statement of Values attached): \$ \_\_\_\_\_
3. Equipment Breakdown Coverage:  Yes  No
4. Exterior Signs: \$ \_\_\_\_\_
5. Crime (Money & Securities): \$ \_\_\_\_\_
6. Business Interruption: \$ \_\_\_\_\_
7. General Liability:  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000
8. Annual rent from tenants (if applicable): \$ \_\_\_\_\_

**H) Notes / Comments:**

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