

## 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: \_\_\_\_\_ Cooking unit wall is protected by: 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 provide:  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

Exposing Properties: North \_\_\_\_\_  
South \_\_\_\_\_  
East \_\_\_\_\_  
West \_\_\_\_\_

Town Grade: \_\_\_\_\_

Comments: \_\_\_\_\_