

INSURANCE **PRO**TECTION FOR A VARIETY OF RESTAURANTS
AND OTHER FAST FOOD ESTABLISHMENTS

Restaurant Name

Owner's Name

Restaurant Address

City Province Post Code Country

Mailing Address

City Province Post Code Country

Phone Number Cellular Phone E-mail

Web site

How many years have you been in the industry? How long have you owned this restaurant?

If less than 3 years, please state experience

Annual Sales Food Split % Liquor Split % Other %

What are your hours of operations?

Is this restaurant owner operated? Yes No

Do you have a full time manager? Yes No

Full Time Employees # Part Time Employees

Does your restaurant serve alcohol? Yes No

If yes, are all servers Smart Serv Lic? Yes No

Any liquor or food violations in the past 5 years? Yes No

If yes, please provide details

Any deliveries? Yes No

If yes, what % of sales does this represent?

Do you hire independent drivers? Yes No

Do you receive proof of insurance from all drivers? Yes No

Any off site catering? Yes No If yes, what % of sales does this represent?

If yes, are you serving alcohol off site Yes No

Building Construction Building Type

Number of Stories Sqft of the building Sqft you occupy

Year Built If you are unsure how old is this building?

If over 30 years, please select when the following services were last updated:

Wiring Plumbing Heating Roof

of seats inside Do you have a patio? Yes No If yes, number of seats

Do you occupy the basement? Yes No If yes, what do you use it for?

Do you have a monitored alarm system? Yes No If Yes, Interior motion detector? Yes No

Name of alarm company

Amount of cash kept on site Do you have a safe? Yes No Safe Class

Fire hydrant-protected (within 25 Meters)? Yes No Kilometers to Fire Hall

Premises protected by a sprinkler system? Yes No Connected to alarm system? Yes No

If you do any deep fat frying please describe the Fire Suppression System

Wet Chem System Dry Chem System K Type in the Kitchen

Any entertainment? Yes No If yes, check all that apply: Live Bands Juke Box Karaoke

DJ Dance Floor sqft Pool Tables # Video Games # Dart Boards #

Do you ever hire bouncers, doormen or additional security?:

Other Activities

Mandatory Coverage Limits - these limits must be completed

Select your policy deductible (min. \$1,000)

Do you own this building? Yes
 No

Building Coverage

Annual rent from tenants

Equipment limit - Including leasehold/tenants improvements

Stock limit

Boiler Insurance/Equipment Breakdown

Business Interruption - if nothing selected 35% of gross sales will be used

Commercial Liability Limit

Extended property coverage - automatically included -some default limits may be higher depending on insurer. If you would like higher limits than shown, select from the drop-down list.

Crime Coverage

Employee dishonesty

Broad From Money

Non-Owned Automobile

Tenants Legal Liability

Extra Expense

Accounts Receivable

Professional Fee

Valuable Papers and Records

EDP - (Computers, touch screens, etc..)

Fine Arts

Exterior Signs - Including Street Clocks, Antennae and Satellite Receivers

Glass

Consequential Loss Assumption Clause

Peak Season Increase

Sewer Backup

Flood

Earthquake

Current Insurance Company

Renewal Date

In the past 5 years has your has any insurance company declined to quote or canceled your coverage?

Yes

NO

If yes, please explain

In the past 5 years have you had any claims or are you aware of any pending actions against you?

Yes

NO

If yes, please list all claims in the past 5 years

Claim #	Date of Loss	Cause of the claim	Amount paid
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have more then 2 losses in 5 years please call our office directly.

Remarks

In order to obtain a quote through our office a semi-annual service contract must be in place for the fire suppression system.

I agree that all of the above information is true to my knowledge and that I am authorized to act on behalf of the named insured as a signing officer.

Signed By _____

Date _____

Position _____