

Restaurant Supplement

Intact Insurance Company

Broker's Name:	Phone:
Applicant Name:	Website address:
Mailing Address:	

Location (if other than above):

Description of Operations:

Account History:

How long has Applicant been in this business? _____ Years		At this location: _____ Years
Is Applicant a member of any Industry Association? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name: _____

Provide five year All Lines Loss Experience:

Date	Carrier	Paid/Reserve	Type of Loss	Action Taken to Prevent Re-Occurrence

Kitchen Details:

Cooking Equipment Information

Type	Number	Propane	Electric	Hood Construction			
				Stainless Steel	Steel	Aluminum ¹	Grease extraction System
Deep Fat Fryer							
Grill							
Range							
Charbroiler							
Ovens							
Other							

¹Approved Hood and Duct system is constructed of stainless steel or steel as per the requirements of NFPA 96.

Aluminum hood and or duct systems are not permitted.

Are high temperature limit switches and thermostatic controls provided for the deep fat fryers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ULC labeled Class K fire extinguishers provided in the kitchen area?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an Automatic Fixed Extinguishing System? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet or <input type="checkbox"/> Dry System?	UL 300 Compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does it cover the hood, duct, and all surfaces of grills, ranges, deep fat fryers, broilers, salamanders, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Semi-annual maintenance contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Last Service? _____	
Name and Telephone Number of the Automatic Fixed Extinguishing Systems servicing agent: _____		

Name and Telephone Number of the contractor providing the regularly scheduled hood and duct cleaning service: _____

Frequency of Service: _____

Crime Protection:

ALARM SYSTEM – Name of the Alarm System of Installing Company (*Attach Alarm Certificate*): _____

Local/Central: _____	U.L.C. Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: _____

Liability:

Please indicate total sales figures in the last twelve months for the following:

Total Sales: \$ Liquor: \$ or % Food & Beverages: \$ or %
 Banquet: \$ Catering \$ Other functions: \$

Interior area: sq. ft.	Seating capacity:	Buffet: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a separate area where people specifically go to drink liquor (even though food may be available)? Yes No

Bar area # of seats:	Do you have an outdoor patio? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patio capacity:
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Any Live entertainment: Yes No

Describe:

Describe other entertainment (if any):	Pool tables: <input type="checkbox"/> Yes <input type="checkbox"/> No
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	Dartboards: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Number of Staff: Full Time: Part-Time: Payroll: \$	Security/Door Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a valid L.L.B.O. Liquor license or permit? Yes No

Has your Liquor License been suspended or revoked during the past five years? Yes No

If Yes, please explain:

Do you have 'Bring Your Own Wine' / 'Take Home The Rest' licensing? Yes No

Do you charge corkage fee? If so, how much? \$

What training/programs are the serving staff given with respect to the prudent serving of alcohol?

Do you provide and post in a visible place, instructions to staff on how to handle the following:

- A) Impaired patrons who arrive at your establishment Yes No
- B) Patrons who have become visibly impaired at your establishment Yes No
- C) Patrons who fight Yes No
- D) Patrons who become disruptive and abusive Yes No
- E) Patrons who are obviously impaired who leave your premises (Alone) Yes No

Value of Liquor Stock:

Do you sponsor any sports teams? Yes No ; Provide Details:

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf

Applicant's Signature:

Date: