



**Commercial Insurance Protector  
Application - Restaurants**

BROKER	CODE #	BROKER BILLING <input type="checkbox"/>	EASIPAY BILLING OPTIONS	1 PAY <input type="checkbox"/>	12 PAY <input type="checkbox"/>	3 PAY <input type="checkbox"/>	
APPLICATION FOR POLICY PERIOD FROM	DAY	MTH	YR	DAY	MTH	YR	12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED APPLICANT
APPLICANT'S NAME AND MAILING ADDRESS				APPLICANT'S LOCATION IF OTHER THAN MAILING ADDRESS			
DESCRIPTION OF APPLICANT'S BUSINESS OPERATIONS		YEARS IN BUSINESS	OTHER OCCUPANCIES IN SAME BUILDING OCCUPANCIES ON EITHER SIDE				
THE APPLICANT IS <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT ORGANIZATION							
NAME OF PRINCIPALS							
LOSS PAYABLE, IF ANY (ABSENCE OF ENTRY INDICATES LOSS PAYABLE TO INSURED )							

**PROTECTION INFORMATION**

Within 500 ft (150 meters) of a fire hydrant      Yes <input type="checkbox"/> No <input type="checkbox"/> Within 3 mi. (4.8 kms) of a responding firehall      Yes <input type="checkbox"/> No <input type="checkbox"/> Within 5 mi. (8 kms) of a responding firehall      Yes <input type="checkbox"/> No <input type="checkbox"/> Beyond 5 mi. (8 km) of a responding firehall      Refer to company	Burglar alarm ( U.L.C. Certified )      Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station <input type="checkbox"/> Monitored <input type="checkbox"/> (Required if premises is licensed) Alarm company _____ Safe on premises      Yes <input type="checkbox"/> No <input type="checkbox"/> Class of safe (minimum requirement for Class 2 Burglary rating safe) Make of safe _____ Sprinkler Protection    Yes <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/>
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**BUILDING INFORMATION (Photo of building front , back and interior kitchen area must accompany application )**

YEAR BUILT	SEWER BACK UP	UPGRADES	HEATING	FUSES
CONSTRUCTION	Prior losses      Yes <input type="checkbox"/> No <input type="checkbox"/> Is there a sewer back-up preventer valve installed ?      Yes <input type="checkbox"/> No <input type="checkbox"/> To the Insureds' knowledge, has there been any prior sewer back-up problems at this location ?      Yes <input type="checkbox"/> No <input type="checkbox"/>	Heating      Year _____ Electrical      Year _____ Plumbing      Year _____ Roof      Year _____	<input type="checkbox"/> Furnace <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Hotwater <input type="checkbox"/> Propane Electric heat Auxillary heat    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, describe in detail _____	<input type="checkbox"/> Ordinary <input type="checkbox"/> "S" Type <input type="checkbox"/> Circuit Breakers
	Fire Resistive <input type="checkbox"/> Masonry <input type="checkbox"/> Frame/Other <input type="checkbox"/>			

**LIST ALL CLAIMS PAID AND/OR OUTSTANDING DURING THE PAST 5 YEARS. SHOW ALL AMOUNTS NET OF DEDUCTIBLES**

DATE	AMOUNT PAID	AMOUNT OUTSTDG	DEDUCTIBLE	DESCRIPTION

PREVIOUS INSURER	POLICY NUMBER
Has any Insurer ever canceled, refused or applied special terms to any similar insurance for the applicant ?      Yes <input type="checkbox"/> No <input type="checkbox"/> Please give full details	
<b>RESTAURANT SUPPLEMENT</b>	
<b>GENERAL</b>	
1. Indicate type of restaurant: <input type="checkbox"/> Fine Dining <input type="checkbox"/> Fast Food <input type="checkbox"/> Family Dining	
2. a) Indicate the number of years in business at this location for the :    Owner <input type="checkbox"/> _____ Manager <input type="checkbox"/> _____ b) Hours of operation _____ c) Capacity (number of persons licensed for) _____	
3. Is the owner / manager there full time ?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PROPERTY</b>	
4. Attach copies of most recent Automatic CO2 system service inspection and hood and duct cleaning service inspection. How frequent is this service ? _____	
5. Is there an automatic (dry chemical or CO2) extinguishing system ?                      Yes <input type="checkbox"/> No <input type="checkbox"/> Does it cover the hood, duct and all surfaces of grills, ranges, deep fat fryers and broilers ?                      Yes <input type="checkbox"/> No <input type="checkbox"/> Is it equipped with an automatic fuel shut - off switch ?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Are filters checked daily and cleaned at least weekly                      Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Is there a high temperature limit switch on all deep fat fryers ?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Is there a portable extinguisher (ULC size rating 4A40BC, type ABC multipurpose) in close proximity of the cooking equipment ?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Are there portable extinguishers (type ABC Multipurpose) installed in other areas of the restaurant ? (one extinguisher for each 3,000 sq. ft. ?)                      Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>LIABILITY</b>	
10. Total annual gross receipts for the operation \$ _____ Indicate total annual liquor receipts of restaurant \$ _____ Indicate percentage of liquor receipts to total receipts _____% <b>(if greater than 25% of the total gross receipts, the risk is not eligible for the program)</b>	
11. Is there Live entertainment ? _____ (if yes, the risk does not qualify for the program) 12. Is there Video lottery terminals ? _____ (if yes, the risk does not qualify for the program) 13. Is there a Dance floor ? _____ (if yes, the risk does not qualify for the program) 14. Is there any pool tables / dart boards ? _____ (if yes, the risk does not qualify for the program)	
15. Is there any off premises catering operations ? if yes, indicate the annual receipts ? _____ 16. Does the restaurant have delivery or take-out service ? _____ Is it a requirement that any non-owned automobiles carry a minimum of \$1,000,000. Liability coverage ? _____ Are deliveries made in owned or non owned vehicles ? _____ How many autos are used _____	
17. Is there a drive-in or curbside service ? _____	
18. Describe pest control procedures. _____ Any problems with pest control , either past or present ? _____	
19. Are stairways equipped with handrails and are stairways and floors free of slip, trip and fall hazards ? _____ Is there emergency lighting ? _____ Do all fire exits allow for free access in the event of fire ? _____ Is parking area well lit ? _____	
20. How many years of experience in the type of operation undertaken do the applicant and key employees have ? _____  Total number of employees      Full time _____      Part time _____	

## COVERAGE SUMMARY

### PROPERTY OF EVERY DESCRIPTION

Building Limit	\$ _____
Contents Limit	\$ _____
Desired Deductible (minimum \$1,000. Deductible)	\$ _____

### OPTIONAL COVERAGES

Earthquake - \$50,000. or 3% minimum Deductible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Flood - \$10,000. Deductible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sewer Back up - \$2,500. Deductible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Boiler & Machinery	Refer to Company	

### POED EXTENSIONS (indicate coverage increases where applicable)

Accounts Receivable	\$ 25,000.	Increase to	\$ _____
Valuable Papers	\$ 25,000.	Increase to	\$ _____
Computer Breakdown	\$ 1,000.	Increase to	\$ _____
Exhibition Insurance	\$ 5,000.	Increase to	\$ _____

### CRIME COVERAGES (indicate coverage increases where applicable)

Crime Extensions as follows:			
Employee Dishonesty	\$ 10,000.	Increase to	\$ _____
Broad Form Money & Securities	\$ 5,000.	Increase to	\$ _____
Inside / Outside			
Money Orders & Counterfeit Currency	\$ 500.	Increase to	\$ _____
Depositors Forgery	\$ 5,000.	Increase to	\$ _____

### LIABILITY

Basic Limit \$2,000,000.	
Increased limit, if required \$ _____	
Food Receipts	\$ _____
Liquor Receipts	\$ _____

### DISCOUNTS / CREDITS / SURCHARGES MAY APPLY

Sprinkler protection system discount	Local	<input type="checkbox"/>	10%
	Central	<input type="checkbox"/>	20%
Claims Free discount	3 years claims free	<input type="checkbox"/>	10%
	5 years claims free	<input type="checkbox"/>	15%
Deductible options (standard policy deductible is \$1,000.)	\$ 2,500.	<input type="checkbox"/>	20%
	\$ 5,000.	<input type="checkbox"/>	25%
Glass deductible reduced to \$250.	Yes	<input type="checkbox"/>	\$ 75. Charge
	No	<input type="checkbox"/>	
Delete of Burglary and Theft perils	Yes	<input type="checkbox"/>	20%
	No	<input type="checkbox"/>	

**STATEMENT OF VALUES - STATED AMOUNT OF INSURANCE**

<b>REPLACEMENT COST TODAY</b>		
<b>BUILDING</b>	<b>CONTENTS</b>	<b>TOTAL</b>

Values are based on the cost of replacing all the property with similar kind and quality at today's prices or Replacement Cost basis without any deduction for depreciation.

Buildings includes permanent fittings and fixtures attached, additions and extensions communicating and in contact therewith and materials, equipment and supplies on the premises for maintenance.

Contents meaning equipment, tenants improvements, stock including property of others.

If any person applying for insurance falsely describes the property to the prejudice of the insurer, or misrepresents or fraudulently omits to communicate any circumstance which is material to be made known to the insurer in order to judge the risk to be undertaken, the contract shall be void as to any property in relation to which the misrepresentation or omission is material.

I / We hereby certify that the values given herein represent to the best of my knowledge and belief, cost of replacement of the property described.

DATED \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
**Signature of Broker** **Risk authorized by** \_\_\_\_\_  
**(Company Underwriter)**

<b>BROKER'S RECOMMENDATION</b>			
How long have you known the applicant			
Date of premises inspection by Broker / Agent of record			
Is this new business to your office ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Condition of the applicant's premises	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average
Condition of housekeeping	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average
Describe other exposures which are within 500 feet (150 meters)			
<b>ADDITIONAL COMMENTS</b>			