

RESTAURANT SUPPLEMENT

WHAT TYPE OF RESTAURANT:

FLOOR:	<input type="checkbox"/> TILE	<input type="checkbox"/> LINO	<input type="checkbox"/> METAL MATS	<input type="checkbox"/> WOOD	<input type="checkbox"/> OTHER DESCRIBE:	
TYPE OF COOKING UNIT:	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> OPEN FLAME	<input type="checkbox"/> WOK	<input type="checkbox"/> CHARCOAL	<input type="checkbox"/> OTHER DESCRIBE:
IS WALL PROTECTED:	<input type="checkbox"/> METAL	<input type="checkbox"/> 5/8 GYPROC	<input type="checkbox"/> ASBESTOS	<input type="checkbox"/> OTHER DESCRIBE:		
GALVANIZED OR WELDED STEEL HOOD OVER ALL APPLIANCES			<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, DESCRIBE THOSE NOT COVERED:		
IS HOOD BOTTOM, LESS THAN 7 FEET FROM THE FLOOR?			<input type="checkbox"/> YES <input type="checkbox"/> NO			
CLEARANCE(IN INCHES) BETWEEN COOKING UNITS AND WALL:						
ARE FILTERS IN HOOD?			<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW OFTEN ARE FILTERS CLEANED?		
DOWN VENT FROM HOOD LEAD THROUGH THE -			<input type="checkbox"/> WALL?	<input type="checkbox"/> ROOF?	ARE CLEAN-OUTS PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE DEEP FAT FRYERS USED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES,	<input type="checkbox"/> PORTABLE	<input type="checkbox"/> BUILT IN?
IS AUTOMATIC FUEL SHUT-OFF PROVIDED			<input type="checkbox"/> YES <input type="checkbox"/> NO	Or PARTIAL	IS THERE A MANUAL PULL IN PATH OF EXIT/EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS KITCHEN GREASE FREE?			<input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE FAULTS, IF ANY:		
LIQUOR LICENSE:			<input type="checkbox"/> YES <input type="checkbox"/> NO			
WHAT TYPE OF GARBAGE CONTAINERS IN KITCHEN (I.E. PLASTIC, METAL,ETC.)?						
HOW ARE SMOKING MATERIALS DISPOSED?						

HOOD/ DUCT SYSTEM:

ARE HOOD FILTERS AND VENTILATION SYSTEM CLEAN?						<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE INSURED HAVE A CONTRACT TO PROVIDE REGULAR SCHEDULED HOOD AND DUCT CLEANING SERVICE?						<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT IS THE NAME OF THE CONTRACTOR:						
IF NO, WHO DOES THE CLEANING?						
ARE HOOD FILTERS CLEANED/CHANGED TWICE A MONTH?			<input type="checkbox"/> YES <input type="checkbox"/> NO	IS DUCT WORK CLEARED OUT AT LEAST ONCE A YEAR?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE HOOD FILTERS LAST CLEANED/CHANGED:						

EXTINGUISHING SYSTEM:

IS THERE AN U.L. APPROVED AUTOMATIC FIRE EXTINGUISHING SYSTEM:			<input type="checkbox"/> YES <input type="checkbox"/> NO			
WHAT TYPE?		<input type="checkbox"/> UL 300 OR ULC 1254.6	<input type="checkbox"/> OTHER: DESCRIBE:			
DOES THE SYSTEM HAVE A SEMI-ANNUAL MAINTENANCE CONTRACT:			<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF CONTRACTOR :		
HAS SYSTEM BEEN SERVICED IN PAST 6 MONTHS:			DATE OF LAST SERVICE:			

PORTABLE EXTINGUISHERS:

ARE THERE AN ADEQUATE NUMBER <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE THEY BEEN CHECKED/ RECHARGED IN PAST YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE EXTINGUISHERS WER CHECKED/ RECHARGED			

LIABILITY INFORMATION UPDATE:

GROSS ANNUAL RECEIPTS		FOOD\$	LIQUOR \$	=TOTAL	\$
NO OF SEATS		NO. OF EMPLOYEES			
DOES RESTAURANT HAVE ENTERTAINMENT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE:		

TERMS & CONDITIONS:

Where (a) an applicant for this contract gives false particulars to the prejudice of the insurer or misrepresents or fails to disclose any fact in any part of this application required to be stated therein or (b) the insured contravenes a term of the contract or commits fraud; or (c) the insured makes a false statement in respect of a claim, a claim will become invalid and the insured's right to recovery is forfeited. The applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The applicants consent to the collection, use and disclosure by the Insurer of personal, credit, factual record, premium payment or claims history information in connection with this application for insurance or renewal, extension, variation of cancellation thereof for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud.

Broker: Air1 Insurance Services Ltd. Telephone: 1-888-917-1177
Applicant's Signature: _____ Date Signed: _____