



**Anderson
McTague
& ASSOCIATES**

Extra Strength Underwriting.

154 Prince William St.
PO Box 1500
Saint John NB, E2L 4K3
Canada

Restaurant Application

Broker's Name:	Phone: ()	Date of Survey:
Applicant:		
Mailing Address:		
Location (if other than above):		
Name/Address of Principals:		
Loss payable to:		
Policy period:	from:	to:

Account History:

Is this new business to your Agency? Yes No	Is Applicant a member of any Industry Association? Yes No	Name:		
How long has Applicant been in this business? Years	At this location: Years			
Current Carrier:	Expiry Date:	Policy Number:		
Has Insured ever been cancelled or refused Insurance? Comment (if "Yes"):	Yes No			
Provide five years All Lines Loss Experience:				
Date	Carrier	Paid/Reserve	Type of Loss	Action taken to Prevent Re-Occurrence

General Description of Risk (check correct description):

Location	Financial	Housekeeping	Maintenance	Neighbourhood
Superior	Profitable	Superior	Superior	Improving
Good	Unprofitable	Good	Good	Stable
Fair	Good Credit Rating	Fair	Fair	Declining
Poor	Poor Credit Rating	Poor	Poor	

Occupancy:

If multiple occupancy list all occupancies by floor:

Construction Information – Building:

When Built:	No. of Storeys:			
Wall Construction:	Grade floor area (sq. ft.):			
Roof Construction:	Heating:			
Floor Construction:	Type of Wiring:	Age:		
Type of Fusing:	Type of Plumbing:	Age:		
Exposures to Risk less than 50 feet:	(N)	(S)	(E)	(W)

Public Protection:

Hydrants:	Yes	No	Distance to nearest (ft):	Distance to Fire Hall:	Paid	Volunteer
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Private Protection:

Extinguishers:	Numbers:	Type:	Date last serviced:
Heat Detectors:	Yes	No	Smoke Detectors: Yes No
Sprinklered area protected:	%	Wet:	% Dry: %
Date Installed:	Maintenance Contract: Yes No		
Alarm:	Local/Central:	U.L.C. Approved: Yes No	
Name of monitoring Alarm Company:			

Crime Protection:

Watchman Inside of Premises: Yes No

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

Local/Central:	U.L.C. Approved: Yes No
Safe: Yes No	Maker's Name: Model: Thickness of Steel Body: ULC Burglary Class:

Liability:

Liquor: \$	Food & Beverages: \$	Catering: \$
Banquet: \$	Other Functions: \$	Explain:

Describe entertainment (if any):

RESTAURANT AREA:

Interior area:	sq. ft.	Seating capacity:	Bar area # of seats:	Buffet: Yes No
Serve beer in jugs:	Yes No	Pool tables:	Yes No	Dartboards: Yes No
Sponsor teams (explain):				# of exits:
Do you provide delivery service?	Yes No	No. of employees:	Payroll: \$	

Signs:

Describe Lettering	Type of Sign	Limit of Liability
	Neon Electric Attached to building	Yes No \$
	Neon Electric Free standing	Yes No \$

Plate Glass – Please list Plate and Glass to be Insured:

No. of Plates	Length in Inches	Width in Inches	Description of Glass, Lettering, Foil or Tape	Kind of Glass or Specific Limit

Any Alcohol Stock: Yes No	Value:	How Stored:
Any Tobacco Stock: Yes No	Value:	How Stored:

FUEL (Cooking):	Gas	Natural	Propane	Electricity	Oil
Where is the kitchen located?					
Deep Fat Fryer?	Yes	No		Is there a grease trap?	Yes No
Hoods over all cooking units?	Yes	No		Is duct enclosed by or passing through any combustible material?	Yes No
Hood – Construction:				Is 18 feet clearance maintained between ducts and all combustible materials?	Yes No
Tin Copper Aluminum Sheet Metal					
Grade (Exhaust):	Heavy	Light		Is it controlled by an overload cut-out switch?	Yes No
Non-combustible grease trapping filters installed?	Yes	No		Is kitchen floor covering non-combustible?	Yes No
Hoods, filters and ventilation system clean?	Yes	No		Is wall behind cooking units non-combustible?	Yes No
Are they cleaned and serviced regularly?	Yes	No		Any accumulation of grease etc. on, under and around cooking area units?	Yes No
	How Often	By Whom		Is there adequate number and size of CO ₂ and/or Dry chemical Portable Extinguishers in kitchen area?	Yes No
Hood Filters					
Duct Work					
Any electric lights inside hood(s)?	Yes	No		Is there an approved (U.L.) automatic fire extinguisher system?	Yes No
Electric Light Type:				Is system serviced?	Yes No
Vapor Tight Neon Tube Ordinary					
Exhaust duct from hood(s)?	Yes	No		How often?	Date of last service?
Exhaust Construction:				By Whom?	Wet or Dry System?
Tin Copper Aluminum Sheet Metal					
Grade (Exhaust):	Heavy	Light		Please attach copy of CO₂ Maintenance Contract	
Does duct lead directly outside?	Yes	No			
If yes, is outside area free of grease?	Yes	No		Have all portable extinguishers been checked and recharged in past year?	Yes No
Is duct over 20 feet long?	Yes	No		Do washrooms have self-closing metal receptacles?	Yes No
If yes, are there clean-out doors every 20 feet and wherever duct changes direction?	Yes	No		Is trash removed to the exterior of the building nightly?	Yes No

Coverage required:

Coverage	Amount
1. Property of Every Description 90% Co-Insurance:	
Building.....	\$
Stock.....	\$
Equipment.....	\$
Tenant's Improvements and Betterments.....	\$
2. Business Interruption:	
Profits	\$
Gross Earnings – 50% Co-Insurance 80% Co-Insurance	\$
Earnings – No Co-Insurance	\$
3. Rental income – 50% Co-Insurance 100% Co-Insurance	\$
4. Glass (attach schedule)	\$
5. Signs	\$
6. Commercial General Liability	\$
7. Other Optional Coverages (please specify)	\$

	\$
	\$
	\$
	\$
8. Deductible	\$

Please note we do NOT provide Boiler and Machinery Coverage

Optional Additional Coverage Package	Package Amount	Required Amount (not as package) or Additional Package Amount
EDP: Equipment	\$25,000	\$
Media	\$10,000	\$
Extra Expense	\$5,000	\$
Personal Property of Employees	\$15,000	\$
Valuable Papers	\$15,000	\$
Accounts Receivables	\$15,000	\$
Fine Arts	\$15,000	\$
Extra Expense	\$15,000	\$
	\$	\$

Basic Package Deductible - \$1,000

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some 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, 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:
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