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**Restaurant
Application**

Vailo Insurance Services Ltd

Suite 430 – 250 Newport Drive,
Port Moody, BC V3H 5H1

Phone: 604.829.3811

Toll Free: 1.877.787.6737

GENERAL INFORMATION

Broker: _____ Contact Person: _____ Phone: _____

Name of Applicant(s) – including all subsidiaries: _____

Is the Applicant(s) new to the broker: No Yes If no, how long have you known the Applicant: _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Website (if applicable): _____ Number of Years in Business: _____

Business Operations: _____

Number of Risks (Hospitality) Owned: _____ Prior Restaurant Operating Experience: _____

Best rating from customers' reviews on social media: _____ Name of the social media: _____

Previous Insurer: _____

Expiry Date: _____ Expiring Premium: _____

Is an inspection report available: No Yes If Yes, please provide us with a copy _____

Has any Insurer cancelled, declined or refused you coverage? No Yes If yes, please provide details: _____

Is the owner involved in the day-to-day management of the establishment? No Yes

Is this a Family Run Business? No Yes Is Business Open: Year-Round Seasonally

PROPERTY UNDERWRITING INFORMATION (COMPLETE FOR EACH LOCATION COVERED)

Year built: _____ Other Occupancies: _____

If over 30 years old, have there been any updates to the building: No Yes

If yes, Dates and Extent of Updates: Roof: _____ Wiring: _____ Plumbing: _____ Heating: _____

Is any portion of this building vacant, unoccupied or under renovation? _____

Adjacent Exposures: _____

Indicate the following: **Wall Construction:** Frame Brick and Wood Frame Masonry

Non-Combustible Fire Resistive Other: _____

Roof Construction: Wood Joist Plank on Timber Steel Deck

Concrete on Steel Reinforced Concrete Other: _____

Stories of building: _____ Heating Type: Forced Air Boiler Electric Other: _____

Total building sqft: _____ Applicant's sqft: _____ Sprinklered: No Yes % of the premises

Alarm System: No Yes: Centrally monitored Local: Located in an enclosed shopping mall: No Yes:

The alarm system is connected for: Fire Burglar: Is there a CCTV in place? No Yes:

PROPERTY UNDERWRITING INFORMATION (COMPLETE FOR EACH LOCATION COVERED) (continued from previous page)

Is the kitchen equipped with Deep Fat Fryer, Grill (Hot Plate)? No Yes

Is there a ULC Automatic Fire Extinguishing system in the kitchen (if applicable)? No Yes; Wet Dry

Is there a maintenance contract for the Fire Suppression system in effect? No Yes

How often? 3 months, 6 months, 12 months Date of last inspection:

Is there a maintenance contract for the Ventilation System in the Kitchen in effect? No Yes

How often? 3 months, 6 months, 12 months Date of last inspection:

Is there a K-type Fire Extinguisher(s) in the kitchen? No Yes Date of last inspection:

Are kitchen grease traps cleaned and serviced regularly? No Yes; If Yes, it is done by: Employees 3rd party;

Does the operation provide: Tableside cooking Table-top cooking;

If yes, is there a sprinkler head installed over each table that has on-table cooking or tableside cooking? No Yes

Any other measures for preventing fires?

CRIME UNDERWRITING INFORMATION

How many employees do you have on payroll? How many of those employees would normally handle money?

Do you have a safe on premises? No Yes If yes, is it ULC approved and what class?

How often are bank deposits made? How is the deposit conveyed (on foot, by auto)?

Who conveys the deposit to the bank? What is the maximum amount conveyed?

GENERAL LIABILITY UNDERWRITING INFORMATION

Hours of Operation: From _____ to _____ Number of days open per week: _____

Describe the type of food served:

Total number of employees: _____ Full-time employees: _____ Part-time employees: _____

Are all employees covered by Worker's Compensation? No Yes

If no, please explain:

Actual gross revenues for the past 12 months: \$ _____ Estimated gross revenue for the next 12 months: \$ _____

Do you currently have a valid liquor license/permit? No Yes

Have all managers/servers taken the Serving It Right (SIR) program or equivalent? No Yes

Do you allow the customers to consume liquor without any food items? No Yes

Are you aware of any incidents that may give rise to a claim? No Yes

Are procedures in place for handling broken glass, cleaning spillages, provision for first aid, slip and falls? No Yes

GENERAL LIABILITY UNDERWRITING INFORMATION (continued from previous page)

Is the kitchen equipped with Deep Fat Fryer, Grill (Hot Plate)? No Yes It is an ULS approved countertop deep fryer

Breakdown of total revenue by operations:

Operations	Actual gross revenues for the past 12 months	Estimated gross revenue for the next 12 months
Liquor - on premises		
Liquor – catering		
Food - on premises		
Food – take out		
Food – catering		
Other (Describe)		
Total		

Do you have written procedures regarding the service of alcohol? No Yes

Do you maintain an incident log? No Yes If Yes, is the log kept for a minimum of 3 years? No Yes

Are there set procedures for handling intoxicated patrons? No Yes

ACTIVITIES (check all that apply)

Karaoke Dance Floor Disk Jockey Live Music Entertainers

Rent out the location for special functions (i.e. weddings, banquets, etc.)

Other (Describe):

Seating Capacity : Internal: Ground Level Patio: Rooftop Patio: Other:

Do you offer delivery? No Yes If yes, it will be done by: employees' vehicles, employer's vehicles 3rd party

Do you provide Valet Parking? No Yes

Are you responsible for building maintenance and snow removal: No Yes

If Yes, please provide the details:

Have you incurred any provincial liquor control board violations/suspensions in the last five (5) years? No Yes

If Yes, please provide the details:

Have you had any food or health violations in the last five (5) years? No Yes

If Yes, please provide the details:

COVERAGE REQUIREMENTS

PROPERTY & BUSINESS INTERRUPTION COVERAGE	DEDUCTIBLE	CO-INS	LIMIT OF INSURANCE
POED (Property of Every Description)	\$	90%	\$
Building	\$		\$
COED (Contents of Every Description)	\$		\$
Equipment (Including Tenants Improvements)	\$		\$
Stock	\$		\$
Business Interruption (Profit)	\$		\$
Ordinary Payroll - 90 days			\$
Rental Income	\$		\$
Sewer Backup	\$		\$
Flood	\$		\$
Earthquake	\$		\$
Other:	\$		\$
Other:	\$		\$
Other:	\$		\$
EQUIPMENT BREAKDOWN COVERAGE	\$	Not applicable	\$
CRIME COVERAGE	DEDUCTIBLE	CO-INS	LIMIT OF INSURANCE
Inside / Outside Robbery	\$	Not applicable	\$
Broad Form Money & Securities	\$	Not applicable	\$
Commercial Blanket Bond (Form A)	\$	Not applicable	\$
Other:	\$	Not applicable	\$
Other:	\$	Not applicable	\$
LIABILITY COVERAGE	DEDUCTIBLE	CO-INS	LIMIT OF INSURANCE
Bodily Injury & Property Damage – per occurrence	\$	Not applicable	\$
Products & Completed Operations – aggregate limit	\$	Not applicable	\$
Personal Injury Liability – per occurrence	\$	Not applicable	\$
Non-Owned Automobile Liability – per occurrence	\$	Not applicable	\$
Tenants Legal Liability	\$	Not applicable	\$
Other:	\$	Not applicable	\$
Other:	\$	Not applicable	\$
		Not applicable	
		Not applicable	

MISCELLANEOUS INFORMATION (Please provide any additional information – where the space provided was insufficient)

CLAIMS INFORMATION - LIABILITY

Describe any insured and uninsured losses having occurred in the past 5 years – including incidents that have not been reported yet and may result in a claim. Please provide a description, date and amount of loss:

1. _____
2. _____
3. _____
4. _____
5. _____

DECLARATION AND SIGNATURE

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____ Full Name: _____

Position: _____ Date: _____