



# LIONS GATE UNDERWRITING

## FAMILY RESTAURANT AND CAFE APPLICATION

### I. General Information

Named Insured (*Full Legal Name*):

Mailing Address:

City: Province/Territory: Postal Code:

Risk Location address:

City: Province/Territory: Postal Code:

Name of Principal(s):

Website Address (*if applicable*):

Previous Insurer:

Expiring Premium and Date:

Has any Insurer cancelled, declined, or refused you coverage? (*If 'yes', please provide details below*)

Yes  No

Have there been any insured or uninsured losses in the past 5 years?

Yes  No

*If 'yes', please provide details below:*

DATE	DESCRIBE LOSS AND PRECAUTION TAKEN SINCE	RESERVE OR PAID OUT AMOUNT

## II. Description of Operation

Years in Business at this location:

Years in experience in restaurant management:

Number of Employees:      *Full Time:*                      *Part Time:*

Description of Operation:

Hours of operations:

Do you have seasonal operations?

Yes       No

*If yes, what months are you open?*

### General & Liquor Liability

Annual Revenue	Food Sales	Liquor Sales	Other Receipts (Describe):
	\$	\$	\$

What time is alcohol served until?

What is the seat capacity on premises?

*Dining Room:*

*Patio:*

All staff trained and certified in the applicable Provincial Liquor Serving Program?

Yes       No

Does the establishment permit "BYOB" (bring your own bottle)?

Yes       No

Any dance floor or live entertainment?

*If "Yes," provide details:*

Yes       No

Are facilities available for banquets, receptions or private affairs with temporary dancefloors and live entertainment?

Yes       No

Is alcohol ever sold or served away from the premises?

Yes       No

Have there been any liquor violations, citations, charges or enforcement actions in the last five years?

Yes       No

Has liquor liability coverage been cancelled or non-renewed in the past five years?

Yes       No

Does your restaurant offer food delivery service?

Yes       No

If yes, through 3rd party Food Delivery Application service? Eg. Ubereats, DoorDash

Yes       No

Are employees or volunteers required to use their personal automobile for food delivery?

Yes       No

## Property & Crime

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Year Built:	Number of Storeys:	Total Area Occupied:
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Construction Type:

Frame       Non-Combustible       Masonry       Fire Resistive       Other (please describe):

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Year Building Updated:

Roof:	Electrical System:	Plumbing:	Heating:
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Burglar Alarm:

Monitored       Local       None

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Video Surveillance? Yes     No

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Fire Alarmed:

Monitored       Local       None

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Sprinklered:

Yes       No       Monitored

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ULC approved Class II Safe? Yes     No

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How many employees routinely handle money?

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Frequency of Bank Deposit:	Deposited by whom?
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### III. Kitchen Details

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Are ULC labeled Class K fire extinguishers provided in the kitchen area? Yes     No

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Frequency of professional inspection:

Annual       Semiannual       Other:

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Deep Fat Fryer in use on premises? Yes     No

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Are high temperature limit switches and thermostatic controls provided for the deep fat fryers? Yes     No

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Is there an Automatic Fixed Extinguishing System? Yes     No

Dry System       Wet System

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UL 300/ulc 1254.6 & NFPA 96 Compliant? Yes     No

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Does it cover the hood, duct, and all surfaces of grills, ranges, deep fat fryers, broilers, salamanders, etc.? Yes     No

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Semi-annual maintenance contract? Yes     No

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Commercial Kitchen ventilation system (filters and ducts) professional cleaned and inspected by a qualified technician? Yes  No

Annual

Semiannual

Quarterly

Monthly

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Baffles cleaned at intervals not greater than 7 days? Yes  No

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#### IV. Coverage Limits

Building \$

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Equipment \$

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Tenants' Improvements \$

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Stock \$

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Profits (12 Month Indemnity Period) \$

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Miscellaneous Property Floater \$

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Other (Describe): \$

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CRIME: \$

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COMMERCIAL GENERAL LIABILITY:

\$1,000,000

\$2,000,000

\$3,000,000

\$4,000,000

\$5,000,000

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**FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**PERSONAL INFORMATION CONSENT**

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i. To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii. That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Principal, Partner or Officer)*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_