

RESTAURANT & ESTABLISHMENT WITH LIQUOR LICENCE SUPPLEMENT

It's important to send us a copy of the CO2 inspection and hood cleaning certificate without the documents we will not be able to issue any policy or renewal conditions.

1. Applicant's name:
2. Years of business:
3. If it is a new business, what is the official opening date of the restaurant?
4. Years of business at this location:
5. Number of years owned by current owner?
6. Is the owner involved in the day-to-day management of the establishment?
7. Kitchen type:
8. Number of days per weeks open for business:
9. Operating hours:

10. Type of establishment:

Restaurant

- With frying
- Without frying
- With alcohol
- Without alcohol
- Seasonal

Bar

- With frying
- Without frying
- With show-musician
- Sans spectacle / Without show-musician
- With dancers
- Discotheque
- Other, specify

11. Fixed fire-extinguishing system under the hoods(s): Yes No N/A

Frequency of the inspection:

Date of last maintenance:

12. Maintenance contracts for the hoods cleaning: Yes No N/A

Frequency of cleaning:

Date of last cleaning:

13. Equipment:

	Electric	Propane	Natural Gas	Charcoal	Protected	
					CO2	Hoods
Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotplate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salamander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grill(s) charcoal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotisserie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wok(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Receipts:

Food	
Alcohol	
Catering	
Video Poker	
Delivery	
Pool	
Others:	
Total:	

15. What is the value of perishables goods?

** If the value is equal or more than \$ 50,000, following question must be dully filled in.*

16. Description of perishable products

What products do you want to insure? <input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated <input type="checkbox"/> Others	Please specified
Maximum value of refrigerated products:	
Maximum value of frozen products:	
Maximum value of other perishable products:	
How long without refrigeration before products are damaged?	
Number of cold room:	
Number of freezer:	
Does each cold room or freezer have its own refrigeration system?	
Age of refrigeration equipments:	
Is there an alarm system detecting temperature variation?	
Does this system protect each cold room or freezer in the event of a failure of variation in temperature?	
Is this system connected to a monitoring station?	
Emergency Plan?	

17. Is there an alarm system connected to a central station? Yes No

18. Is there an theft alarm system connected to a central station? Yes No

19. Is there a class II safe? Yes No

20. Does the Applicant offer one or more of the following activities?

Dance floor:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Musicien-musique-chansonnier: / Musician-music-singer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Video games, video poker: (nb of machines)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pool tables: (nb of tables)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash dispenser: (nb of dispenser)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming pool, sauna, spa:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Room rental:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical amusement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sports activities-inside or outside:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant sponsor or finance any exterior activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other promotional offers, specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have valet parking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

21. Does the Applicant rent part of this establishment for special occasions? Yes No

22. What security measures are taken by the Applicant?

23. What supervision does the Applicant use at the door ?

- Free entrance
- Doormen
- Bouncers
- Other, specify:

24. Maximum capacity allowed?

Inside:

Terrace:

25. If a client becomes visibly intoxicated

Alcohol service to client is immediately stopped and food and non-alcoholic beverages offered.

Client is asked to leave the premises.

If unwilling to leave, client is peacefully ejected with appropriate steps to ensure client arrives home safely.

Other methods (please explain)

26. Has Insured ever had liquor permit revoked? Yes No

If Yes, please join details:

27. Has the Applicant been subject to violations, convictions or penalty in the past 5 years from the Régie? Yes No

If Yes, please join details:

28. Have owner ever been prosecuted under criminal laws? Yes No

If Yes, join copy of record.

29. Comments:

Signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com