**Questionnaire**

**Bars & Restaurants**

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| 1) | Name of applicant : |  |
|  | Name of all owners | Date of birth |
|  |  |  |
|  |  |  |
|  |  |  |
| 2) | Postal Address : |  |
| 3) | Address of Risk : |  |
| 4) | For how many years has the applicant operated this business? |  |
| 5) | If new ownership: how many years experience in this type of business? |  |
| 6) | Is there any intention of changing the type of bar or restaurant?  | *Yes* ***[ ]***  *No* ***[ ]***  |
| 7) | Is this a new bar/restaurant?  | *Yes* ***[ ]***  *No* ***[ ]***  |
|  | If *Yes*, expected opening date |  |
|  | If *Yes*, is there a similar bar/restaurant in the area with whom the applicant will be in competition? | *Yes* ***[ ]***  *No* ***[ ]***  |
| 8) | Total annual receipts : |  |  |
|  | Liquor: |  % | Meals: |  % | Video lottery terminals: |  % |
| 9) | Number of V.L.T.: |  |  |
| 10) | Number of employees: |  | Full time: |  | Part time: |  |
| 11) | Cooking Equipment : | Fryer: | *Yes* ***[ ]***  *No* ***[ ]***  | Hot Plate: | *Yes* ***[ ]***  *No* ***[ ]***  |
| 12) | Automatic extinguishing system covering cooking equipment : | *Yes* ***[ ]***  *No* ***[ ]***  |
| 13) | Hood ULC approved: | *Yes* ***[ ]***  *No* ***[ ]***  |
| 14) | Portable extinguisher: | *Yes* ***[ ]***  *No* ***[ ]***  | K Type :  | *Yes* ***[ ]***  *No* ***[ ]***  |
| 15) | Business hours: | from : |  | to : |  |  |
| 16) | How long have you known this client:  |  |  |
| 17) | Years in business by same owner: |  | At this address: | *Yes* ***[ ]***  *No* ***[ ]***  |
| 18) | Has insured ever had his liquor permit revoked? | *Yes* ***[ ]***  *No* ***[ ]***  |
|  | If *Yes*, explain: |  |
| 19) | Entertainment: | *Yes* ***[ ]***  *No* ***[ ]***  | Type: |  |
| 20) | Dance floor: | *Yes* ***[ ]***  *No* ***[ ]***  | Exotic dancers?:  | *Yes* ***[ ]***  *No* ***[ ]***  |
| 21) | Are there swimming pools, saunas, therapeutic or hot tubs or other relaxation equipment on site ? | *Yes* ***[ ]***  *No* ***[ ]***  |
|  | If *Yes*, specify : |  |
| 22) | Previous Insurer: |  |
|  | Policy # : |  | Premium: |  |

|  |  |
| --- | --- |
| Broker : |  |
| Tel : |  | Fax : |  |
|  |  |  |

Signature of Insured or Broker