**Questionnaire**

**Bars & Restaurants**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1) | Name of applicant : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of all owners | | | | | | | | | | | | | | | | | | | | | | | | | Date of birth | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 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