## KAMI INSURANCE LTD.

## BUSINESS INSURANCE APPLICATION RESTAURANTS

Vancouver, B Phone: 604-876-	West Broadway, BC Canada V5Z10 7999 Fax: 604-876 niinsurance.com	31 3 <b>-790</b> 9		•			CONFIDENTIAL	: FOR USE OF I	UNDERWRITERS
PPLICANT'S FL	III NAME AS	REGISTERED		•	BRO	KER NAME			
TEIOANI OT	OLL NAME AS	TLGIOTETIED							
AILING ADDRE	ESS								POSTAL CODE
OCATION OF P	DEMICES TO B	E INCUDED							DOOTAL CODE
SAME OR:	MENIISES IU B	E INSURED							POSTAL CODE
UILDING DETAI	IL	W							
NO STORIES	AGE	ROOF CONST.	w	/ALL C	ONST.		APP. IS TENANT?	OTHER OCCUPAN	NCIES:
THER LOCATIO	DNS?				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				POSTAL CODES
NONE 🗆 OR:									
NO STORIES	AGE	ROOF CONST.	w	ALL CO	ONST.		APP. IS TENANT?	OTHER OCCUPAN	NCIES:
USINESS DETA	ILS								
NAMES OF PRIN	NCIPALS	-		NO. FOOI	YEARS D INDUS	IN TRY			NO. YEARS IN FOOD INDUSTRY
1.						3.			
2.						4.			
APPLICANT HAS	S OPERATED					<u></u>	****		
UNDER THIS N	AME?	YEARS					AT THE ABOVE LO	CATION?	YEARS
AT OTHER LOC	CATIONS (DESCR	IBE):	-						
HAS APPLICAN	T OR ANY PRINC	IPALS' RESTAURAN	T BUSINESS EV	/ER DE	CLARED	BANKRUPTO	CY?		
NO 🗆 OR (EX	PLAIN)								
		<del>/</del>						***************************************	
APPLICANT IS L	ICENSED AS						LIQUOR LICENCE	HELD?	
				**	·····	No.	YES 🗆	NO 🗆	
PLEASE PROVID	DE FULL NAME 8	ADDRESS OF APP	LICANT'S BANK	<del></del>					
	that a second se								
									· · · · · · · · · · · · · · · · · · ·
ANNUAL REVEN	NUES (CURRENT	FISCAL YEAR)						-	
FOOD \$		ALCOHOL \$				TOBACCO \$ _		CATERING \$	
· • • • • • • • • • • • • • • • • • •		ALOUITOL Ø				, ODAOOO # -		_ CAIEMING \$_	

ON HAND:

OTHER (DESCRIBE) \_\_\_

USUAL VALUES ALCOHOL \$ \_\_\_\_

ANTICIPATED TOTAL NEXT YEAR \$\_\_\_\_\_

\_\_\_\_\_ HOW SAFEGUARDED? \_\_\_

REVENUE TOTAL: LAST CALENDAR YEAR \$\_\_\_\_\_\_ THIS YEAR \$\_\_\_\_\_

HOW SAFEGUARDED? \_\_\_\_\_

\_\_\_\_\_\_ TAKE OUT \$ \_\_\_\_\_

## **OPERATIONS** \_\_ HOURS ON WHICH DAYS? \_\_ PREMISES IS OPEN FROM \_ \_\_ TO \_\_\_ LICENCED SEATING CAPACITY \_ NO. OF EMPLOYEES \_ BUSINESS IS LOCATED IN: BASEMENT MAIN FLOOR UPPER FLOOR □ ANY SIDEWALK/PATIO SEATING? \( \sigma \) NO \( \sigma \) YES HAS APPLICANT EVER BEEN CITED OR CLOSED FOR HEALTH OR LIQUOR LICENCE VIOLATIONS? NO OR (EXPLAIN FULLY; INCLUDING DATE) DO YOU PARTICIPATE IN THE B.C. MINISTRY OF HEALTH 'FOODSAFE EXCELLENCE PROGRAM'? NO ☐ CERTIFICATE IN GOOD STANDING ☐ PRESENTLY WORKING TO CERTIFICATION ☐ **FIRE PROTECTION** IS IT: WET CHEM IS THE COOKING SYSTEM YES 🗌 IS THE BUILDING IS THE RESTAURANT FULLY SPRINKLERED? YES \( \Bar{\cup} \) NO \( \Bar{\cup} \) PROTECTED BY AN AUTOMATIC DRY CHEM EXTINGUISHING SYSTEM? NO 🗌 CO<sub>2</sub> IS A SEMI-ANNUAL MAINTENANCE CONTRACT IN EFFECT ON ENTIRE SYSTEM AND IS IT PERFORMED BY A CONTRACTOR CERTIFIED BY THE SYSTEMS MANUFACTURER? WHAT IS PROTECTED? FRYER ANGE HOODS DUCTS OTHER: DO YOU NOW, OR INTENDED TO, USE: 1. VEGETABLE COOKING OILS FOR FRYING? YES ☐ NO ☐ 2. ARE WOKS USED? YES \( \Bar{\cup} \) NO \( \Bar{\cup} \) 3. ENERGY EFFICIENT COOKING APPLIANCES, INCLUDING FRYERS, GRIDDLES, RANGES, CHARBROILERS (GAS RADIANT, ELECTRIC, LAVA ROCK)? YES \( \text{NO} \) \( \text{NOWN} \) \( \text{NOWN} \) 4. IF 'YES' TO 1 OR 3, DOES EXTINGUISHING SYSTEM MEET ULC/ORD - C1254.6 - 1995 STANDARDS? YES ... NO ... 5. IF 'NO' TO QUESTION 4, WHEN IS THE SYSTEM TO BE UPGRADED?\_ HAS ANY RESTAURANT RELATED INSURANCE CLAIM EVER BEEN MADE BY YOU AND/OR THE PRINCIPALS OF YOUR OPERATION? NO . IF "YES" PLEASE COMPLETE THE FOLLOWING: KIND? AMOUNT PAID DATE CIRCUMSTANCES OF CLAIM OR OUTSTANDING **INJURY** DAMAGE **DETAILS OF PREVIOUS INSURANCE** NONE OR: INSURER\_ \_ WAS RENEWAL DECLINED? \_\_\_\_

PURSUANT TO THE PERSONAL INFORMATION REPORTING ACT. THE APPLICANT HEREBY CONSENTS TO REPORTS BEING FURNISHED BY REPORTING AGENCIES TO INSURANCE COMPANY RESPECTING THE APPLICANT OR INDIVIDUAL MEMBERS THEREOF AND RESPECTING INFORMATION CONTAINED IN THIS APPLICATION.

ANNUAL PREMIUM \$\_

DATE	APPLICANT'S AUTHORIZED SIGNATURE

\_\_ DEDUCTIBLE ON PROPERTY INS. \$ \_

## **BROKER'S COMMENT**

PLEASE OUTLINE REQUIRED C	OVERAGES:
PROPERTY: (LIST MORTGAGEES B	ELOW)
LIABILITY:	
	x <sup>eq</sup>
CRIME/EMPLOYEE DISHONESTY:	
PREMISES CRIME PROTECTIO	N:
INTRUDER ALARM SYSTEM: NON	IE 🗆 OR
LOCAL EXTERNAL GONG?	□ PROTECTING ALL WALLS, OPENINGS, FLOOR & CEILING? □
MONITORED 24 HRS?	□ PROTECTING ALL WALLS, OPENINGS & CEILING? □
IS THERE A SAFE OR OTHER	SECURE RÉCEPTACLE ON THE PREMISES? NO  OR
PLEASE DESCRIBE:	
IF NO ALARM SYSTEM; DESCRIBE	PROTECTION ON DOORS AND WINDOWS/SKYLIGHTS:
	•
WAS 18 TO THE REPORT OF THE PARTY OF THE PAR	
AMOUNT OF CASH LEFT ON THE	PREMISES: OVERNIGHT \$ WEEKENDS \$
OTHER COVERAGES REQUIRED	
The second secon	
•	
A Marian a School and Artist Committee and Artist C	
***************************************	

BROKER'S ASSESSMENT/COMMI	ENTS:			
IS THIS PRESENTLY YOUR CLIENT:	YES NO IF YES' H	HOW LONG?		
PLEASE INDICATE YOUR ASSESSME	NT OF THE FOLLOWING:			
NEIGHBORHOOD	RISK LOCATION	RISK FINANCIAL	HOUSEKEEPING	MAINTENANCE
☐ IMPROVING	SUPERIOR	☐ PROFITABLE	☐ EXCELLENT	☐ EXCELLENT
☐ STABLE	☐ GOOD	UNPROFITABLE	☐ GOOD	GOOD
☐ DECLINING	☐ FAIR	☐ UNCERTAIN	☐ FAIR	☐ FAIR
	☐ POOR		☐ POOR	☐ POOR
OTHER COMMENTS IF ANY ABOU	JT THE RISK:		. تس	
	***************************************			***************************************
BUC				
	•	-		TACHER OF THE STATE OF THE STAT
AMWAMA AMA				-
77 - 2 H 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -				
	A STATE OF THE STA			and the second
146 yr. p. 1464 yr. ne 179 607 60 f 60 february 100 60 60 60 60 60 60 60 60 60 60 60 60 6				
	HARAMAN AND AND AND AND AND AND AND AND AND A			
HIS APPLICATION WAS COMPLE	TITI F.			
THE ALL LICATION WAS COMPLE	DI	**************************************	······································	
ROKER'S SIGNATURE:			DATE: _	
NDERWRITER'S SIGNATURE				*

₹ .