

**KAMI INSURANCE LTD.**

**BUSINESS INSURANCE APPLICATION  
RESTAURANTS**

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**CONFIDENTIAL: FOR USE OF UNDERWRITERS**

APPLICANT'S FULL NAME AS REGISTERED \_\_\_\_\_  
BROKER NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_

LOCATION OF PREMISES TO BE INSURED \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_  
SAME  OR: \_\_\_\_\_

**BUILDING DETAIL**

NO STORIES	AGE	ROOF CONST.	WALL CONST.	APP. IS TENANT?	OTHER OCCUPANCIES:
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**OTHER LOCATIONS?** \_\_\_\_\_  
POSTAL CODES \_\_\_\_\_  
NONE  OR: \_\_\_\_\_

NO STORIES	AGE	ROOF CONST.	WALL CONST.	APP. IS TENANT?	OTHER OCCUPANCIES:
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**BUSINESS DETAILS**

NAMES OF PRINCIPALS	NO. YEARS IN FOOD INDUSTRY	NO. YEARS IN FOOD INDUSTRY
1. _____	3. _____	_____
2. _____	4. _____	_____

**APPLICANT HAS OPERATED**

UNDER THIS NAME? \_\_\_\_\_ YEARS AT THE ABOVE LOCATION? \_\_\_\_\_ YEARS

AT OTHER LOCATIONS (DESCRIBE): \_\_\_\_\_

**HAS APPLICANT OR ANY PRINCIPALS' RESTAURANT BUSINESS EVER DECLARED BANKRUPTCY?**

NO  OR (EXPLAIN) \_\_\_\_\_

**APPLICANT IS LICENSED AS** \_\_\_\_\_ **LIQUOR LICENCE HELD?** YES  NO

**PLEASE PROVIDE FULL NAME & ADDRESS OF APPLICANT'S BANK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANNUAL REVENUES (CURRENT FISCAL YEAR)**

FOOD \$ \_\_\_\_\_ ALCOHOL \$ \_\_\_\_\_ TOBACCO \$ \_\_\_\_\_ CATERING \$ \_\_\_\_\_  
OTHER (DESCRIBE) \_\_\_\_\_ TAKE OUT \$ \_\_\_\_\_

**USUAL VALUES ON HAND:** ALCOHOL \$ \_\_\_\_\_ HOW SAFEGUARDED? \_\_\_\_\_  
TOBACCO \$ \_\_\_\_\_ HOW SAFEGUARDED? \_\_\_\_\_

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

**OPERATIONS**

PREMISES IS OPEN FROM \_\_\_\_\_ TO \_\_\_\_\_ HOURS ON WHICH DAYS? \_\_\_\_\_

LICENCED SEATING CAPACITY \_\_\_\_\_ NO. OF EMPLOYEES \_\_\_\_\_

BUSINESS IS LOCATED IN: BASEMENT  MAIN FLOOR  UPPER FLOOR  ANY SIDEWALK/PATIO SEATING?  NO  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 THE BUILDING FULLY SPRINKLERED? YES  NO  IS THE RESTAURANT AREA SPRINKLERED? YES  NO  IS THE COOKING SYSTEM PROTECTED BY AN AUTOMATIC EXTINGUISHING SYSTEM? YES  NO  IS IT: WET CHEM  DRY CHEM  CO2

WHAT IS PROTECTED? FRYER  RANGE  HOODS  DUCTS  OTHER: \_\_\_\_\_ IS A SEMI-ANNUAL MAINTENANCE CONTRACT IN EFFECT ON ENTIRE SYSTEM AND IS IT PERFORMED BY A CONTRACTOR CERTIFIED BY THE SYSTEMS MANUFACTURER? YES  NO

DO YOU NOW, OR INTENDED TO, USE:

1. VEGETABLE COOKING OILS FOR FRYING? YES  NO  2. ARE WOKS USED? YES  NO

3. ENERGY EFFICIENT COOKING APPLIANCES, INCLUDING FRYERS, GRIDDLES, RANGES, CHARBROILERS (GAS RADIANT, ELECTRIC, LAVA ROCK)? YES  NO  UNKNOWN

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:

DATE	KIND?		AMOUNT PAID OR OUTSTANDING	CIRCUMSTANCES OF CLAIM
	INJURY	DAMAGE		

**DETAILS OF PREVIOUS INSURANCE**

NONE  OR: INSURER \_\_\_\_\_ WAS RENEWAL DECLINED? \_\_\_\_\_

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

**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.**

**BROKER'S COMMENT**

PLEASE OUTLINE REQUIRED COVERAGES:

PROPERTY: (LIST MORTGAGEES BELOW)


LIABILITY:


CRIME/EMPLOYEE DISHONESTY:


PREMISES CRIME PROTECTION:

INTRUDER ALARM SYSTEM: NONE  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 RECEPTACLE ON THE PREMISES? NO  OR

PLEASE DESCRIBE:

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IF NO ALARM SYSTEM; DESCRIBE PROTECTION ON DOORS AND WINDOWS/SKYLIGHTS:


AMOUNT OF CASH LEFT ON THE PREMISES: OVERNIGHT \$ \_\_\_\_\_ WEEKENDS \$ \_\_\_\_\_

OTHER COVERAGES REQUIRED:


