



CMW Insurance Services Ltd.
 700 - 1901 Rosser Avenue
 Burnaby, BC V5C 6R6
 Tel: 604-294-3301 Fax: 604-294-3003
 Toll Free: 1-800-263-3313

Restaurant Insurance Application

A) Tell us about yourself:

1. Restaurant Name: _____
2. Owners Name: _____
3. Contact Phone Number(s) & Fax: _____
4. Restaurant's full Address: _____
5. How long have you been in business: _____
6. How long at this location: _____
7. Is this location owner operated? Yes No
8. In the past 5 years, have you ever been cited for violations of any health or safety codes?
 Yes No - If "yes", please provide details: _____

B) Tell us about your restaurant:

1. Total Annual Receipts: \$ _____
 - Liquor/Wine/Spirits Receipts: \$ _____
 - Food Receipts: \$ _____
 - Other Receipts (Please advise from what?): \$ _____
2. Please describe any outside Entertainment/Activities (events, sports, etc..) which you substantially sponsor/operate: _____
3. Normal hours of operation: _____
4. Inside square footage: _____
5. Number of seats: _____
6. Number of full time staff: _____
7. Number of part time staff: _____
8. Do you have a chef (full time/part time)? _____
9. All stock 12" off ground? _____
10. Are the premises treated for pest control purposes? Yes No
 - If "yes" to the above, do you have a maintenance agreement? Yes No
11. Does your restaurant make deliveries? Yes No
 - If "yes", what percentage of sales does this represent? _____
 - If "yes", do you hire independent contract drivers? _____
 - If "yes", do you receive proof of insurance from all drivers? _____
12. Does your restaurant serve alcohol? Yes No
 - If "yes", have you ever been fined for a violation concerning alcohol? Yes No
 - If "yes", have all alcohol servers been trained? Yes No
 - If "yes" to the above, which training program? _____
 - If "yes", how is the age of a customer verified? _____
 - If "yes", do you have a ride home policy? Yes No
 - If "yes", do you ever hire bouncers, doormen or additional security? Yes No

C) Tell us about your premises:

1. Building Type (i.e. single unit, industrial mall, enclosed retail mall, retail strip plaza, apartment / condo building): _____
2. Number of stories: _____
3. Building material (i.e. fire resistive, frame, brick): _____
4. Year built: _____

If over 25 years, please advise what year the following were last updated:

- Electrical: _____
- Plumbing: _____
- Heating: _____
- Roof: _____

D) Fire Protection:

1. Approximate distance to nearest Fire Hydrant: _____
2. Approximate distance to nearest Fire Hall: _____
3. Are your premises protected by a sprinkler system? Yes No
4. Do you do any deep frying? Yes No

- If deep frying, describe Automatic Fire Suppression System: _____

E) Security:

1. Do you have a monitored burglar alarm system? Yes No
 - a. If "yes", describe system i.e. Contacts on all windows and door, motion detector, etc): _____
 - b. If "yes", name of monitoring company: _____
 - c. Do you have a Safe? If "yes", describe what type: _____
2. Maximum amount of cash on premises: \$ _____

F) About your Insurance:

1. In the past 5 years, has prior insurance coverage ever been declined or canceled?
 Yes No
2. Have you made any claims in the past 5 years? Yes No
 - If "yes", please advise the Date of Loss, the Cause, and Value of the Loss: _____
3. Name of your existing Insurance Company: _____
4. Policy Number: _____
5. Policy Term: _____
6. Premium: \$ _____

G) Coverage Limit Requirements:

1. Building (if applicable): \$ _____
2. Contents (please completed Statement of Values attached): \$ _____
3. Exterior Signs: \$ _____
4. Crime (Money & Securities): \$ _____
5. Business Interruption: \$ _____
6. General Liability: \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
7. Annual rent from tenants (if applicable): \$ _____

H) Notes / Comments:
