



RESTAURANT & ESTABLISHMENT WITH LIQUOR LICENCE SUPPLEMENT

It's important to send us a copy of the CO2 inspection and hood cleaning certificate without the documents we will not be able to issue any policy or renewal conditions.

1. Applicant's name:

2. Is the owner involved in the day-to-day management of the establishment?

Yes No

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4. Operating hours:

5. Type of establishment:

With frying

Yes No

With alcohol

Yes No

Seasonal

Yes No

With show-musician

Yes No

Specify: _____

With show-dancers

Yes No

Discotheque

Yes No

Valet parking

Yes No

Dance floor

Yes No

Video games, video poker

Yes No

Number of machines: _____

Pool tables

Yes No

Number de pool tables: _____

Cash dispenser

Yes No

Number of dispenser: _____

Mechanical amusement

Yes No

Specify: _____

Sports activities-inside or outside

Yes No

Préciser | Specify: _____

Does the Applicant sponsor or finance any exterior activities?

Yes No

Specify: _____

Other promotional offers, specify: _____

Yes No

6. Fixed fire-extinguishing system under the hoods(s):

Yes No N/A

Frequency of the inspection:

Date of last maintenance:

7. Maintenance contracts for the hoods cleaning:

Yes No N/A

Frequency of cleaning:

Date of last cleaning:



8. Equipment:

	Electric, propane or natural gas	Charcoal	Protected	
			CO2	Hoods
Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotplate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salamander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grill(s) charcoal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotisserie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wok(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Expected revenue

Food: \$ _____
 Alcool | Alcohol: \$ _____
 Traiteur | Catering: \$ _____
 Loterie vidéo | Video poker: \$ _____
 Livraison | Delivery: \$ _____
 Billard | Pool: \$ _____
 Autres | Others: _____ \$ _____
Total: \$ _____

10. What is the value of perishables goods? \$ _____

** If the value is equal or more than \$ 50,000, following question must be dully filled in.*

11. Description of perishable products

What products do you want to insure?
 Frozen
 Refrigerated
 Others
 Please specified: _____
 Maximum value of refrigerated products: \$ _____
 Maximum value of frozen products: \$ _____
 Maximum value of other perishable products: \$ _____
 How long without refrigeration before products are damaged? _____
 Number of cold room: _____
 Number of freezer: _____
 Does each cold room or freezer have its own refrigeration system? Yes No
 Age of refrigeration equipments: _____
 Is there an alarm system detecting temperature variation? Yes No
 Does this system protect each cold room or freezer in the event of a failure of variation in temperature? Yes No
 Is this system connected to a monitoring station? Yes No
 Emergency plan?

12. Is there a class II safe? Yes No

Where is the safe locate? _____
 Who has access to it? _____

13. Does the applicant rent part of this establishment for special occasions? Yes No
 If Yes, specify:

14. What measures are in place to ensure the safety of patrons on the premises?
 (e.g. Surveillance cameras, security staff, controlled entrance, crowd management, procedure to handle incidents or aggressive behaviour, etc)
 Specify:

Entrance control:
 Free entrance (no access control) Yes No
 Doorman/Host (light entry control) Yes No
 Sécurité gard/Bouncer Yes No
 Other (specify):

15. Maximum capacity allowed?
 Inside: _____
 Terrace: _____

16. When a customer is visibly intoxicated, what measures are taken by the insured?
 Alcohol service to the customer is immediately stopped Yes No
 Car's keys are removed from the customer Yes No
 A Cab/Uber is called to take the customer home Yes No
 Other measures taken Yes No
 Please explain

For the purposes of the following questions, the term "applicant" refers to the company and each of its shareholders, directors, and managers.

17. In the past 5 years, has the applicant:
 Had their liquor licence suspended or revoked? Yes No
 Received any violations, convictions, or penalties from the Régie? Yes No
 If Yes, specify:

18. Has the applicant been charged with or convicted of a criminal offence?
 If Yes, please provide a complete copy of the client's court record, dated within the last 6 months, including the index. Yes No

19. Has the applicant, its premises, or any business owned by the Applicant experienced a criminal incident in the past 5 years?
 If Yes, specify: Yes No



20. Comments:

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.