



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. Years of business:

3. If it is a new business, what is the official opening date of the restaurant?

4. Years of business at this location:

5. Number of years owned by current owner?

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

7. Kitchen type:

8. Number of days per weeks open for business:

9. Operating hours:

10. Type of establishment:

Restaurant

With frying

Without frying

With alcohol

Without alcohol

Seasonal

Bar

With frying

Without frying

With show-musician

Without show-musician

With dancers

Discotheque

Other (specify): _____

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

Yes No N/A

Frequency of the inspection:

Date of last maintenance:

12. Maintenance contracts for the hoods cleaning:

Yes No N/A

Frequency of cleaning:

Date of last cleaning:

13. Equipment:

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

14. Receipts

Food: \$ _____
 Alcohol: \$ _____
 Catering: \$ _____
 Video poker: \$ _____
 Delivery: \$ _____
 Pool: \$ _____
 Others: _____ \$ _____
Total: \$ _____

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

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

16. 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? _____
 Age of refrigeration equipments: _____
 Is there an alarm system detecting temperature variation? _____
 Does this system protect each cold room or freezer in the event of a failure of variation in temperature? _____
 Is this system connected to a monitoring station? _____
 Emergency plan? _____

17. Is there an alarm system connected to a central station? Yes No

18. Is there a theft alarm system connected to a central station? Yes No

19. Is there a class II safe? Yes No
20. Does the Applicant offer one or more of the following activities?
- Dance floor Yes No
 - Musician-music-singer Yes No
 - Video games, video poker Yes No
 - Number of machines _____
 - Pool tables Yes No
 - Number of tables _____
 - Cash dispenser Yes No
 - Number of dispenser _____
 - Swimming pool, sauna, spa Yes No
 - Room rental Yes No
 - Mechanical amusement Yes No
 - Sports activities-inside or outside Yes No
 - Does the Applicant sponsor or finance any exterior activities? Yes No
 - Other promotional offers, specify: _____ Yes No
 - Do you have valet parking? Yes No
21. Does the applicant rent part of this establishment for special occasions? Yes No
22. What security measures are taken by the applicant?

23. What supervision does the applicant use at the door?
- Free entrance Doormen
 - Bouncers Other (specify): _____
24. Maximum capacity allowed?
- Inside: _____
- Terrace: _____
25. If a client becomes visibly intoxicated
- Alcohol service to client is immediately stopped and food and non-alcoholic beverages offered.
 - Client is asked to leave the premises.
 - If unwilling to leave, client is peacefully ejected with appropriate steps to ensure client arrives home safely.
 - Other methods (please explain): _____
26. Has applicant ever had liquor permit revoked? Yes No
Si Oui, svp fournir détails | If Yes, please join details:

27. Has the Applicant been subject to violations, convictions or penalty in the past 5 years from the Regie? Yes No
If Yes, please join details:

28. Have owner ever been prosecuted under criminal laws Yes No
If Yes, join copy of record.



29. Comments:

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.