

TRANS CANADA INSURANCE MARKETING INC.
807 - 177 LOMBARD AVENUE
WINNIPEG, CANADA
R3B 0W5
PHONE: (204) 925-8276 FAX: (204) 925-8279
E-MAIL – info@tcim.ca

THE RESTAURATEUR
COMMERCIAL INSURANCE APPLICATION

Please fully complete all questions. If not applicable, please answer as such rather than leaving blank.

Date Submitted: _____ Required Effective Date: _____

Applicant (including subsidiaries): _____

Insured is: Owner Tenant Contact Person _____

Telephone No. _____ Fax No. _____

Mailing Address: _____

_____ Postal Code _____

Risk Location (as above?): _____

Name and Address of Mortgagees/Payees: _____ Amount Outstanding _____

1. _____

2. _____

How long in business?: _____

At this location? _____ As Manager? _____

Previous Insurer: _____ Previous Broker: _____

Policy No. _____ Present Premium _____ Expiry Date: _____

Please attach a copy of the previous policy declaration page. (Summary of Insurance Coverage)

Has the applicant ever been declined, canceled or had a renewal of any kind, property or casualty, refused in past 5 years? If yes, please explain:

Any claims / losses / incidents in the past 5 years? (attach separate sheet if necessary)

The Restaurateur

Name of Applicant _____

PROPERTY

Building Construction

Walls: _____ Floors: _____ Roof: _____

Sq. Footage: _____ Number of Storeys: _____

Detached: _____ Feet from nearest building: _____ Year Built: _____

Condition: _____ Housekeeping: _____

Sprinklered: Yes No Sprinklered Alarm Local: Yes No Central Station: Yes No

Monitoring Co: (enclose certificate) _____

Fire Protection: Distance to hydrants _____ Distance to nearest responding Fire Hall: _____

Year of updates (if 35 years or older) Heating: _____ Plumbing: _____

Wiring: _____ Roof: _____

Type of Heating: _____ Supplemental Heating: _____ Type: _____

No. of Fire Extinguishers: _____

Is there a CO2 or Dry Chemical extinguishing system in place? _____

Is it inspected semi-annually? _____ Name of Contractor: _____

Are hoods, ducts and filters cleaned regularly? _____

OCCUPANCY

By applicant (type of establishment): _____

Hours of operation: From: _____ To: _____

Occupancy by others: _____

CRIME

Burglar Alarm: Yes No Local: Yes No Central Station: Yes No

Name of Monitoring Company: _____ Installer: _____

Are all doors fitted with dead bolt locks? _____ Safe or vault on premises? _____ If so what class? _____

ULC Label Class: _____ Is any cash kept on premises? _____

Maximum Amount: \$ _____ Maximum overnight? _____

LIABILITY

Are any operations conducted at other owned or leased premises? _____

If yes, address: _____

Licensed capacity (Patrons)? _____ No. of Rooms: _____

The Restaurateur

Name of Applicant _____

Have managers taken S.M.A.R.T. program or equivalent? _____ Employees? _____

No. of Employees: F/T _____ P/T _____ Are all staff aware of procedures for handling intoxicated patrons? _____

Are food / light meals available at all times while serving alcohol? _____

Customer service area: _____ sq. feet Seating Capacity: _____

Annual Gross Receipts

Breakdown: Spirits: _____ Food: _____

Beer & Draft: _____ Wine: _____

VLT: _____ Catering: _____

Wedding: _____ Banquets: _____

BROKER'S ASSESSMENT / COMMENTS:

IS THIS PRESENTLY YOUR CLIENT: YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" HOW LONG? _____				
PLEASE INDICATE YOUR ASSESSMENT OF THE FOLLOWING:				
NEIGHBOURHOOD	RISK LOCATION	RISK FINANCIAL	HOUSEKEEPING	MAINTENANCE
<input type="checkbox"/> IMPROVING	<input type="checkbox"/> SUPERIOR	<input type="checkbox"/> PROFITABLE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> EXCELLENT
<input type="checkbox"/> STABLE	<input type="checkbox"/> GOOD	<input type="checkbox"/> UNPROFITABLE	<input type="checkbox"/> GOOD	<input type="checkbox"/> GOOD
<input type="checkbox"/> DECLINING	<input type="checkbox"/> FAIR	<input type="checkbox"/> UNCERTAIN	<input type="checkbox"/> FAIR	<input type="checkbox"/> FAIR
	<input type="checkbox"/> POOR	<input type="checkbox"/> POOR	<input type="checkbox"/> POOR	<input type="checkbox"/> POOR

OTHER COMMENTS ABOUT THE RISK?

INSURED'S SIGNATURE _____ DATE: _____

THIS APPLICATION WAS COMPLETED BY: _____ TITLE: _____

BROKER'S SIGNATURE: _____ DATE: _____

Prior to policy issuance, original signed copy must be forwarded to TCIM