



Contact Information:  
<http://tcim.ca/our-people/>

**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**