

QUESTIONNAIRE
BARS & RESTAURANTS

- 1) Name of applicant : _____
 Name of all owners _____ Date of birth _____

- 2) Postal Address : _____
- 3) Address of Risk : _____
- 4) For how many years has the applicant operated this business? _____
- 5) If new ownership: how many years experience in this type of business? _____
- 6) Is there any intention of changing the type of bar or restaurant? Yes No
- 7) Is this a new bar/restaurant? Yes No
 If Yes, expected opening date _____
 If Yes, is there a similar bar/restaurant in the area with whom the applicant will be in competition? Yes No
- 8) Total annual receipts : _____
 Liquor: _____ % Meals: _____ % Video lottery terminals: _____ %
- 9) Number of V.L.T.: _____
- 10) Number of employees: _____ Full time: _____ Part time: _____
- 11) Cooking Equipment : Fryer: Yes No Hot Plate: Yes No
- 12) Automatic extinguishing system covering cooking equipment : Yes No
- 13) Hood ULC approved: Yes No
- 14) Portable extinguisher: Yes No K Type : Yes No
- 15) Business hours: from : _____ to : _____
- 16) How long have you known this client: _____
- 17) Years in business by same owner: _____ At this address: Yes No
- 18) Has insured ever had his liquor permit revoked? Yes No
 If Yes, explain: _____
- 19) Entertainment: Yes No Type: _____
- 20) Dance floor: Yes No Exotic dancers?: Yes No
- 21) Are there swimming pools, saunas, therapeutic or hot tubs or other relaxation equipment on site ? Yes No
 If Yes, specify : _____
- 22) Previous Insurer: _____
 Policy # : _____ Premium: _____
- Broker : _____
 Tel : _____ Fax : _____

Signature of Insured or Broker