

QUESTIONNAIRE
BARS & RESTAURANTS

Date : _____
 To : _____
 Fax : _____, Attention: _____
 From : _____
 Subject : _____, N/Réf : _____

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

 Signature of Insured or Broker