



**GENMARK INSURANCE SERVICES INC.**

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**RESTAURANT (LICENSED OR UNLICENSED) APPLICATION FORM**

**Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Attn:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_  
**Insured:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Risk Address:** \_\_\_\_\_  
**Occupied by Applicant as** \_\_\_\_\_  
**Occupancy by floors** \_\_\_\_\_  
**Left Exposure** \_\_\_\_\_ **Right Exposure** \_\_\_\_\_  
**Payable to:** \_\_\_\_\_

**Structure Type**  Detached  Semi Detached  Industrial Plaza  Strip Plaza  Commercial Condo  
 High-rise Commercial Building  Commercial/Residential Building  Other \_\_\_\_\_  
**Construction** # of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
**Walls**  Frame  Brick Veneer  Masonry  Alum Siding  Stucco  Fire Resistive  
**Floor**  Concrete  Wood Joist  Cement  Other \_\_\_\_\_  
**Roof**  Wood Joist  Patent  Metal Clad  Tar Gravel  Concrete  Other \_\_\_\_\_  
**Updates**  Full  Partial Year \_\_\_\_\_  
**Heating**  Gas  Electric  Hot Air  Hot Water  Space Heater  Others \_\_\_\_\_  
 oil tank ( inside /  Outside,  above ground /  in ground)  
 \* age of oil tank \_\_\_\_\_ Has oil tank been inspected by oil company?  Yes, When \_\_\_\_\_  No  
 Wood heat stove - ULC/CSA approved  Yes  No Professional installation  Yes  No  
 \*\* Please provide a copy of wood-heat questionnaire for our reference.  
**Updates**  Full  Partial Year \_\_\_\_\_  
**Electrical**  C/B  Fuses  Knob & Tube \_\_\_\_\_% \_\_\_\_\_ amps  
**Updates**  Full  Partial Year \_\_\_\_\_  
**Plumbing**  Copper  Plastic  Galvanized \_\_\_\_\_%  Other \_\_\_\_\_  
 Age of Sump Pump \_\_\_\_\_  
**Updates**  Full  Partial Year \_\_\_\_\_  
**Protection**  Hydrant within 300 metres/1000 feet  Firehall within 8 km  Unprotected  
**Sprinklered**  Yes, \_\_\_\_\_%  No Age of sprinklers \_\_\_\_\_ years Smoke Detectors  Yes  No

\* Alarm System  Monitored by Central Station  Local  None Rated  ULC  CSA

\* Percentage of premises protected \_\_\_\_\_% \*Does it connect for fire detection?  Yes  No

\* Does it have a dedicated line?  Yes  No \*Monitoring Company \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Is renewal offered – if not, why?  
 \_\_\_\_\_

Loss experience – 5 years \_\_\_\_\_

Days & Hours of operation: \_\_\_\_\_

Gross Receipts: Liquor \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Others \$ \_\_\_\_\_

Entertainment:  Disc Jockey  Bouncers (# of Bouncers \_\_\_\_\_)  Pool Table (# of Pool Table \_\_\_\_\_)  
 Dance Floor ( \_\_\_\_\_ sq. ft.)  Karaoke  Other \_\_\_\_\_

Licensed Capacity: Internal \_\_\_\_\_ Patio \_\_\_\_\_ Customer Service Area: \_\_\_\_\_ sq. ft.

How long has Insured owned this establishment? \_\_\_\_\_ years

Number of years experience in this industry \_\_\_\_\_ years

Has the Insured ever had liquor permit suspended or revoked?  Yes  No

Have all management / staff taken S.M.A.R.T. program or equivalent?  Yes  No

Any establishment with a previous liquor-related claim or loss may not meet our underwriting criteria and must be referred?

Please describe \_\_\_\_\_

Does the operation include a) deep frying  Yes  No b) grill  Yes  No

Cooking with:  Vegetable Oil  Animal Fat

Is the kitchen equipped with an automatic fire extinguisher system?  Yes  No

a) What type is it?  Wet Chemical (NFPA17A)  Wet Chemical (UL300)  Dry Chemical (NFPA127)  
 CO2 (NFPA12)

b) When was the above automatic fire extinguishing system installed?

c) Does the system cover the entire grilling/deep frying surface?  Yes  No

d) Is there a 6 month maintenance agreement in place with a certified service provider?  Yes  No

e) Who is the service contractor for the Fire Extinguishing System?

f) Number of Fire Extinguishers \_\_\_\_\_ Type  ABC  K (Restaurants) Size \_\_\_\_\_ lbs

Additional Comments / Information:

<input type="checkbox"/> All Risks <input type="checkbox"/> Fire & E.C.		
<b>Coverage Required</b>	<b>Deductible</b>	<b>Limits Required</b>
Building		
Equipment		
Stock		
Consequential Loss Assumption		
<b>Business Interruption Form: -</b>		
Profits (100%)		
Gross Earnings (80%)		
Gross Earnings (50%)		
Gross Earnings (no co-insurance)		
Extra Expense		
Rental Income		
Blanket Glass <input type="checkbox"/> Thermopane <input type="checkbox"/> Plate		
Detached Sign		
Inside/Outside Hold Up		
Safe Burglary*		
Broad Form Money & Securities*		
*Must have ULC/CSA approved burglary safe, rate Class II or better, to obtain Money & Securities or Safe Burglary Coverage		
Boiler & Machinery		
Commercial General Liability – Occurrence Form		
- including Products and Completed Operation, Medical Payments (\$1,000. per person, \$10,000. per occurrence)		
- including Host Liquor Liability (if is licensed)		
Tenants Legal Liability		