



GENMARK INSURANCE SERVICES INC.

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RESTAURANT QUESTIONNAIRE

Owner: _____ Tel. Contact No. _____ Policy # _____

Trade Name: _____

Location: _____

Disc Jockey Yes No Dance Floor Yes No Other: _____

Bouncers Yes No Pool Table Yes No _____

Ground Floor _____ (sq. feet) Licensed Capacity _____

Heating Boiler HW Steam Central Air HP _____

Maintenance Contract Pressure Vessels over 24" in Diameter

Cold Room/Cabinets Maximum Amount \$ _____ Consequential Loss _____

Cooking with: Vegetable Oil Animal Fat

If any risk is using a high-efficiency fryer, is there in place a wet chemical protection system that meets the UL300 or ULC-C1254.6 Requirements. Please provide details of system.

CO2 with Semi-Annual Contract Yes No

Central Station Burglar Alarm? Yes No

Days & Hours of Operation _____

Entertainment (Describe) _____

Current Receipts - Food \$ _____
- Liquor \$ _____
- Other \$ _____

How long has Insured owned this establishment? _____ Years

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

Signature of Broker

Date

Mar 03