

RESTAURANT SUPPLEMENT

Name of Broker: _____ Date: _____

Name of Insured: _____ Policy No.: _____

Address of Insured: _____

What type of Restaurant: _____

1. Kitchen Supplement:

a) Floor: Tile Lino Metal mats Wood Other

Describe: _____

b) Type of Cooking Unit: Gas Electric Open Flame Wok
 Charcoal Other - Describe: _____

c) Is Wall protected by: Metal 5/8 Gyproc Asbestos
 Other Describe: _____

d) Galvanized or welded steel hood over all appliances? Yes No
 If No, describe those not covered: _____

e) Is Hood bottom less than 7 feet from the floor? Yes No

f) Clearance (in inches) between Cooking Units and Wall: _____

g) Are filters in hood? Yes No How often are filters cleaned? _____

h) Does vent from hood lead through the wall? roof?

i) Are clean-outs provided? Yes No

j) Are deep fat fryers used? Yes No
 If Yes portable? built-in?

k) Is automatic fuel shut-off provided? Yes No or Partial

l) Is there a manual pull in path of exit or egress? Yes No

m) Is kitchen grease free? Yes No Describe faults, if any: _____

n) What type of garbage containers in kitchen (i.e. plastic, metal, etc.)?

o) How are smoking materials disposed? _____

2. Hood/Duct System:

- a) Are hood filters and ventilation system clean? Yes No
- b) Does the insured have a contract to provide regular scheduled hood and duct cleaning service? Yes No
 - i) If Yes, what is the name of the contractor: _____
 - ii) If No, who does the cleaning? _____
- c) Are hood filters changed/cleaned at least twice a month? Yes No
- d) Is duct work cleaned out at least once a year? Yes No
- e) Date hood filters last cleaned/changed: _____

3. Extinguishing System:

- a) Is there an U.L. approved automatic fire extinguishing system: Yes No
What type: UL 300 or ULC 1254.6
 Other Describe: _____
- b) Does the system have a semi-annual maintenance contract: Yes No
If Yes, name of contractor: _____
- c) Has system been serviced in past 6 months: Yes No
Date of last service: _____

4. Portable Extinguishers:

- a) Are there an adequate number? Yes No
- b) Have they been checked/recharged in past year? Yes No
- c) Date extinguishers were checked/recharged? _____

5. Liability Information Update:

- a) Gross annual receipts:
Food \$ _____ Liquor \$ _____ = TOTAL \$ _____
- b) No. of seats: _____
No. of employees: _____
- c) Does restaurant have entertainment? Yes No
If Yes, describe: _____

6. ADDITIONAL COMMENTS:
