



11. Do you have any recreational facilities?  Yes  No

If 'Yes', please describe: \_\_\_\_\_

12. Type of cooking devices:  Gas  Electric

13. Do you have a deep fat fryer?  Yes  No

a. Does it have automatic fuel shut-off?  Yes  No

14. Is there a hood and duct system?  Yes  No

a. Does it have filters?  Yes  No

15. How often are the hoods and duct systems cleaned?  Every 3 Months  Every 6 Months  Other: \_\_\_\_\_

16. How often are the filters cleaned?  Weekly  Monthly

17. Is there an automatic extinguishing system?  Yes  No

a. Does the system cover all cooking surfaces including deep fat fryers?  Yes  No

18. Does the insured have a maintenance contract?  Yes  No

19. Is housekeeping clean and orderly?  Yes  No

20. Are all trash receptacles checked at closing and emptied into covered metal containers?  Yes  No

21. Please indicate the number of fire extinguishers located in:

a. Cooking Area (BC Type) \_\_\_\_\_ Dining Area (ABC Type) \_\_\_\_\_

b. Date last serviced and recharged:

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date