

FAST FOOD / CONCESSION STAND APPLICATION

CHES Special Risk Inc. PO Box 78034 Meriline, Nepean, ON K2E 1B1 | 613-745-6100 | 1-416-452-7850 | Claims Reporting: 1-844-384-0867

Date: _____

APPLICANT INFORMATION	
Named Insured:	
Name of Principal(s):	
Contact Name:	
Postal Address:	
Will you require an Additional Insured to be added to the Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide name and mailing address:	

INSURANCE INFORMATION			
Policy Period:	From:	To:	
Please describe your complete description of operations:			
Are you aware of any incident which may result in a claim against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please provide details:			
5 Year Loss History, please provide details below (attach additional page(s) if necessary):			
Previous Carrier:		Renewal Offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please explain in detail the reason for non-renewal:			

UNDERWRITING INFORMATION				
Number of years in Business:				
Receipts:	\$			
Description of product sold:				
Is this an annual or seasonal operation?		<input type="checkbox"/> Seasonal <input type="checkbox"/> Annual		
Actual address / location of where unit is parked:				
Where is the unit parked during off season?				
Is Coverage required off season?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Unit	Year	Make	Model	Serial Number
Is the unit a licensed Vehicle / Unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No
Actual Size of Unit:		<input type="checkbox"/> Frame <input type="checkbox"/> Metal		<input type="checkbox"/> Metal
Hydrants within 1000 feet?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No
Fire Hall within:		<input type="checkbox"/> 7 km or <input type="checkbox"/> More than 7 km		<input type="checkbox"/> More than 7 km
Is the unit self-propelled or towed?		<input type="checkbox"/> Self-propelled <input type="checkbox"/> Towed		<input type="checkbox"/> Towed
Is there any deep fat frying?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a WETT automatic extinguishing system in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Is there a semi-annual maintenance contract in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Date Serviced?	
Class K fire extinguisher?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVERAGE REQUIRED			
COVERAGE	COVERAGE REQUIRED?	LIMIT	
Commercial General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER INFORMATION
Please provide any other information you feel would assist in the evaluation of your application:

DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to CHES Special Risk Inc. until accepted by CHES Special Risk Inc. but that the information contained herein shall be the basis of the contract should a policy be issued.

I/we understand and agree that any misstatement of warranty or fact on this application shall be considered a violation afforded under any policy issued on the basis of this application. I/we understand and agree that this application shall form part of any policy issued.

Applicant's Name: _____ Applicant's Signature: _____

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:		City:	
Email:		Province:	
Phone:		Postal Code:	
Fax:			