



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  
 Does it have automatic fuel shut-off?  Yes  No
14. Is there a hood and duct system?  Yes  No  
 Does it have filters?  Yes  No
15. How often are the hood 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  
 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) \_\_\_\_\_  
 b. Dining Area (ABC Type) \_\_\_\_\_  
 Date last serviced and recharged: \_\_\_\_\_

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

\_\_\_\_\_  
 Date