

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