

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

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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