MEMBERSHIP with THE CHEF ALLIANCE

NEW MEMBER APPLICATION FORM

MEMBER AND BUSINESS INFORMATION

It is the Applicant's responsibility to ensure that all contact and business information is accurate and complete and is kept up to date throughout the Membership Term. Please complete the form below and return it to The Chef Alliance. Use a separate page for any additional info that does not fit here or provide it in an email.

	INFORMATION
PRIMARY APPLICANT'S FULL NAME	
HOME/ MAILING ADDRESS OF APPLICANT (incl. Postal code)	
TELEPHONE NUMBER(S) (incl. area code)	
EMAIL ADDRESS(ES)	
BUSINESS OPERATING NAME	
REQUESTED START DATE (DD / MM / YYYY)	
Chef Insurance program. SUPPLEMENTAL MEMBERS: business partners, sp Provide full name and email address of each Suppleme \$59/Year^ for each Supplemental Member CHEF INSURANCE PROGRAM Chef Insurance is an exclusive program accessed through	ot limited to Membership in Restaurants Canada, access to the Member Benefit Portal and to the ouses/family members or key staff involved in the business ntal Member in an email with the completed form attached. In the Chef Alliance and is available, upon approval by the insurer, for a separate fee. It cannot as 2 and 3 of this application. Chef Insurance is subject to additional fees as set out in this has been processed and approved.
set out on The Chef Alliance's websites, and to update terms and conditions of membership are subject to char	ration is true and accurate and I agree to abide by the Terms and Conditions of Membership as The Chef Alliance with any pertinent changes to my information as it occurs. I understand that nge without notice and that approval for Chef Insurance is solely a determination of the insurer, undable and are for 1-year. Membership and Chef Insurance may be paid in full to The Chef approval by a third party financing company.
PAYMENT Payment in a lump sum Payment in a lump sum by credit card or PayPal (p Payment in instalments (upon approval, you may a	rocessing fee will be added) pply for 24-60 month financing terms through an independent financing company)
Applicant's Signature	Date (DD / MM/ YYYY)

[^]subject to applicable taxes

MEMBERSHIP with THE CHEF ALLIANCE



Do you have a valid Food Handlers Certificate? Yes / No

If there is no expiry date, please provide the issue date ($\mbox{M}\mbox{ M}\mbox{ / }\mbox{Y}\mbox{ Y}\mbox{ Y}\mbox{ Y}$



ABOUT YOUR BUSINESS

NOTE : NAME OF INSURED is always the legal entity name which is either the corporation name or the member's actual name if they operate a sole proprietorship. In either case, they can still have an operating name.
Name of Insured
Operating Name/ Name of Business
Full Home/ Mailing Address
Business/ Location Address (if applicable)
Website Address www
Do you provide services or products to(answer Yes or No to BOTH options): • End User (e.g. consumers &/or businesses buying directly from you and consuming the product or service) including from your website, Facebook Marketplace, Instagram, through delivery apps, farmers markets, special events etc. (Tier 1 & 2) Yes / No
• Other Businesses for resale, (e.g. restaurants, bakeries, convenience stores, ethnic stores, supermarkets etc. (Tier 3) Yes / No
Provide a description of your Business Operations in the box below. Please FULLY describe all activities of the business, incl: - what type of food or culinary service(s) do you sell? (e.g. prepared meal delivery, canned preserves & sauces, fresh baked breads, frozen appetisers, private cooking lessons, in-home personal chef services etc) - who do you sell to? (e.g. the general public, businesses for own use, grocery stores, local ethnic stores, etc) - who prepares the food or provides the culinary service? (e.g. you, your family members, your staff or a third party contractor) - where do you prepare the food? (e.g. at home~, in a shared commercial kitchen, in a client's home, in my own retail location, in a premises leased by me) - how/where you sell your product or service? (social media, stores, farmers markets, UberEats, my website)
What is your Estimated Gross Annual Revenue? Select One. Below \$49,999 \$50-99,999 \$100-200,000 \$200,000+
FOOD SAFETY CERTIFICATION

If Yes, please provide the expiry date (M M / Y Y Y Y)

MEMBERSHIP with THE CHEF ALLIANCE Name of Insured COMMERCIAL GENERAL LIABILITY INSURANCE - THE CHEF INSURANCE PROGRAM Have you had any business-related insurance CLAIMS in the past 5 years? Yes / No If YES, provide details below; add extra page if required: **COVERAGE & PROGRAM DETAILS COVERAGE & PROGRAM EXCLUSIONS** • Bodily Injury /property Damage • USA and international sales, operations and jurisdiction exclusion • Personal & Advertising Injury • Total automobile exclusion Products Completed Operations (Aggregate) . Total liquor exclusion (Chef may make recommendations if • Medical Payments: \$10,000 requested but will not buy or serve alcohol) • Tenant's legal liability: \$250,000 Abuse • Owners, Managers or Lessors of Premises as Additional Insured · Residents of QC • Cooking classes (in clients' homes and online) · Product manufactured by a 3rd party contractor/business • Personal and Private Chef services, cooking in a client's home . Businesses that have their own leased physical location . Cooking for small dinner parties in clients homes, up to 25 people . Businesses with prior claims Catering for small corporate functions, weddings etc., up to 25 people . Personally prepare food at home or in a shared commercial kitchen for pickup or delivery . Personally prepare food at home or in a shared commercial kitchen to sell at Farmers Markets, on your own website/social media, or in retail stores **Coverage Options & Annual Premiums:** How Much Commercial General Liability Insurance Coverage are you requesting? \$1million \$2million \$5million **Commercial General Liability** Gross Annual Revenue Up To **Gross Annual Revenue from** Gross Annual Revenue Up To \$100,000 (Tier 1)^ \$100,000 - \$200,000 (Tier 2)^ \$200,000; Including Retail Sales * Insurance **Coverage Limits** (Tier 3)^ \$1,000,000 \$300 \$341 \$750 \$2,000,000 \$360 \$408 \$850 \$5,000,000 \$540 \$613 \$1000 Premiums are 100% fully earned. Deductible: \$1,000. Non-refundable \$25 policy fee^ applies. *Retail sales refers to sales through 3rd party businesses. ^subject to applicable taxes LARGE EVENT COVERAGE (LEC) This is required for catered events of 26-200 quests. This can be added at any time: min. 5 business days notice required. Program has a maximum limit of 25 Large Events per Policy Term. Cost^: \$125 and \$25 policy fee per event. Do you require Large Event Coverage? Yes / No How many/ year? NOTE: This can be added at any time throughout the membership - contact a Success Manager. THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING: Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of a Certificate of Insurance and that Applicant has not omitted, suppressed or misstated any facts.

b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless a certificate

of Insurance is issued by the Broker in response thereto.

c) All exclusions in the Policy apply regardless of any answers or statements in this Application.

d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, coverage shall be void.

Applicant Signature	Date (DD / MM/ YYYY)