

# Insurance Application for Members of The Chef Alliance



## 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 \_\_\_\_\_

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) **Yes / No**  
including through delivery apps, farmers markets, special events, your website, social media etc. (Tier 1 & 2)
- Businesses for resale, (e.g. restaurants, bakeries, convenience stores, ethnic stores, supermarkets etc. (Tier 3) **Yes / No**

Description of Business Operations (please fully describe all of the activities your business engages in, who you sell to and how/where you sell)

What is your Estimated Gross Annual Revenue? Select One.

Up to \$99,999      \$100,000-200,000      \$200,000+

Have you had any business-related insurance CLAIMS in the past 5 years?      Yes or No

If YES, provide details below; add extra page if required:

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Name of Insured \_\_\_\_\_

## FOOD SAFETY CERTIFICATION

Do you have a valid Food Handlers Certificate? Yes / No If Yes, please provide the expiry date ( M M / Y Y Y Y )

If there is no expiry date, please provide the issue date ( M M / Y Y Y Y )

## COMMERCIAL GENERAL LIABILITY INSURANCE

COVERAGE INCLUDES	COVERAGE EXCLUSIONS
<ul style="list-style-type: none"><li>Bodily Injury /property Damage</li><li>Personal &amp; Advertising Injury</li><li>Products Completed Operations (Aggregate)</li><li>Medical Payments: \$10,000</li><li>Tenant's legal liability: \$250,000</li><li>Owners, Managers or Lessors of Premises as Additional Insured</li></ul>	<ul style="list-style-type: none"><li>USA sales, operations and jurisdiction exclusion</li><li>Total automobile exclusion</li><li>Total liquor exclusion (Chef may make recommendations if requested but will not buy or serve alcohol)</li><li>Abuse</li><li>Residents of QC</li></ul>

Coverage options:

Commercial General Liability Insurance Coverage Limits	Gross Annual Revenue Up To \$100,000 (Tier 1)	Gross Annual Revenue from \$100,000 - \$200,000 (Tier 2)	Gross Annual Revenue Up To \$200,000; Including Retail Sales * (Tier 3)
\$1,000,000	\$360	\$410	\$900
\$2,000,000	\$430	\$490	\$1,020
\$5,000,000	\$650	\$735	\$1,200

Not available to residents in QC.

Premiums are annual, 100% fully earned.

Deductible: \$1,000.

Non refundable \$25 policy fee applies.

\*Retail sales refers to sales through other retailer shops or restaurants..

**Limit of Commercial General Liability Insurance Coverage you require?** \$1million \$2million \$5million

## LARGE EVENT COVERAGE (LEC)

This is required for catered events of 26-200 guests. 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? \_\_\_\_\_

## 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.
- 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.
- All exclusions in the Policy apply regardless of any answers or statements in this Application.
- 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 ) \_\_\_\_\_