

MEMBERSHIP with THE CHEF ALLIANCE

NEW MEMBER APPLICATION FORM

MEMBER AND BUSINESS INFORMATION

It is the member's responsibility to ensure that all contact and business information is complete and kept up to date. 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](#)

	INFORMATION
PRIMARY MEMBER'S FULL NAME	
HOME/ MAILING ADDRESS OF MEMBER (incl. Postal code)	
TELEPHONE NUMBER(S) (incl. area code)	
EMAIL ADDRESS(ES)	
BUSINESS OPERATING NAME	
REQUESTED START DATE (DD / MM / YYYY)	

MEMBERSHIP

Membership includes access to benefits including but not limited to Membership in Restaurants Canada, access to the Member Benefit Portal and to the Chef Insurance program.

Membership Price[^]: \$499/ year

CHEF INSURANCE PROGRAM

Chef Insurance is an exclusive program accessed through The Chef Alliance and is available, upon approval by the insurer, for a separate fee. It cannot be accessed by non-members. To apply, complete pages 3 and 4 of this application.

TERMS AND PAYMENT

I certify that the information provided in the entire application is true and accurate and I agree to abide by the Terms and Conditions of Membership as set out on The Chef Alliance's websites, and to update The Chef Alliance with any pertinent changes to my information as it occurs. I understand that terms and conditions of membership are subject to change without notice and that approval for Chef Insurance is solely a determination of the insurer, not by The Chef Alliance. Membership fees are non-refundable and are for 1-year.

Chef Insurance is subject to additional fees as set out in this application. Membership and Chef Insurance may be paid in full by e-transfer to The Chef Alliance or may be financed* for up to 60 months, upon approval by a third party financing company. Details will be sent out once the application has been processed and approved.

PAYMENT

- Payment in a lump sum
- Payment in instalments (upon approval, you may apply for 24-60 month financing terms through an independent financing company)

Member Signature _____

Date (DD / MM/ YYYY) _____

MEMBERSHIP with THE CHEF ALLIANCE

SUPPLEMENTAL MEMBERS - if applicable, may include business partners, spouses/family members or key staff involved in the business

<p>NAME & EMAIL ADDRESS OF SUPPLEMENTAL MEMBERS, BUSINESS PARTNERS ETC. (if applicable) Add \$59/Year plus applicable taxes</p>	
<p>NAME & EMAIL ADDRESS OF SUPPLEMENTAL MEMBERS, BUSINESS PARTNERS ETC. (if applicable) Add \$59/Year plus applicable taxes</p>	
<p>NAME & EMAIL ADDRESS OF SUPPLEMENTAL MEMBERS, BUSINESS PARTNERS ETC. (if applicable) Add \$59/Year plus applicable taxes</p>	
<p>NAME & EMAIL ADDRESS OF SUPPLEMENTAL MEMBERS, BUSINESS PARTNERS ETC. (if applicable) Add \$59/Year plus applicable taxes</p>	
<p>NAME & EMAIL ADDRESS OF SUPPLEMENTAL MEMBERS, BUSINESS PARTNERS ETC. (if applicable) Add \$59/Year plus applicable taxes</p>	
<p>NAME & EMAIL ADDRESS OF SUPPLEMENTAL MEMBERS, BUSINESS PARTNERS ETC. (if applicable) Add \$59/Year plus applicable taxes</p>	
<p>NAME & EMAIL ADDRESS OF SUPPLEMENTAL MEMBERS, BUSINESS PARTNERS ETC. (if applicable) Add \$59/Year plus applicable taxes</p>	

[^]subject to applicable taxes

MEMBERSHIP with 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.

Below \$49,999 \$50-99,999 \$100-200,000 \$200,000+

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:

MEMBERSHIP with THE CHEF ALLIANCE

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 - THE CHEF INSURANCE PROGRAM

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

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	\$300	\$341	\$750
\$2,000,000	\$360	\$408	\$850
\$5,000,000	\$540	\$613	\$1,000

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 3rd party retail stores.

How Much Commercial General Liability Insurance Coverage are you requesting? \$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:

- a) 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) _____

^subject to applicable taxes