



CDQ – DQ Franchise Insurance Program

Insurance Brokerage: Lloyd Sadd Insurance Brokers Ltd.
Broker Contact: Jo Gionet jgionet@lloydsadd.com Phone: 403-444-0966 Fax: 403-444-0956
Named Insured (Full Legal Entity Name(s)):
Principals name(s):
DQ Location address:
Mailing Address:
Insured's Web site Address:
Description of operations
Name and address of mortgagees:
Existing Insurer:
Expiring Premium: \$ Policy #:
Has the insured been cancelled/declined insurance (including boiler)?
Previous Losses:
Liability:
Other:
Number of years the insured has been in business at this location:
Prior operating experience/number of years at other locations:
Is the DQ a seasonal operation?

PROPERTY SECTION

DQ Location Kiosk Mall Standalone Building
Building Construction: Roof: Concrete Steel Wood Other (describe)
Walls: Concrete Steel Wood Frame
Floors: Concrete Steel Wood Other (describe)
Additional description:
Heating Type: Forced Air Natural Gas Oil Electric Other:
If heating type is oil: Location(s) of tank? Age of tank: If Electrical, type: Fuses Circuit Breakers
Year Updated: Full or partial Roof Heating Electrical Plumbing
Year building built: Total number of stories in building: Total Sq. ft. of building:
Occupancy: 1st Floor Sq. ft. 2nd Floor Sq. ft. 3rd Floor Sq. ft. Other Sq. ft. If other, describe:
Insured is: Owner Tenant
Are you responsible for building insurance? Total Sq. ft. of all floors occupied by the business (incl. basement)
Off Dairy Queen Premises Signs? If Yes, Replacement Cost? \$
Is Premises Sprinklered? % Sprinklered:
Is there an alarm system connected for fire detection?
Is there an Automatic Extinguishing System in the kitchen: Wet system Dry System
Is there a 6 month maintenance contract in effect?
Automatic Extinguishing System Maintenance Company:
Provide details of protection:
Is there a back-up power source for the temperature control equipment?
Are kitchen grease traps cleaned and serviced regularly? If yes, frequency?



**Sewer Back-up:**

Any instances of sewer back-up over the past 5 years?  Yes  No

If yes, please provide details: \_\_\_\_\_

**Water Main/Supply:**

Is the Applicant/Tenant/Staff aware of and have access to the shut-off valve?  Yes  No

Have the small tanks been replaced within the past 10 years?  Yes  No  N/A

**Central Hot Water or Steam Heating:**

Is proper drainage provided for the boiler room?  Yes  No  N/A  
Dyking? Floor Drain?  Yes  No  N/A

If no, comment on steps being taken to avoid water damage loss: \_\_\_\_\_

**Leakage from Appliances:**

Are appliances connected with braided hoses?  Yes  No  N/A

**Sump Pump(s):**

Is there a sump pump?  Yes  No  N/A

Is there a supervised alarm for the sump pump?  Yes  No  N/A

**CRIME SECTION**

Alarm System:  Local  Monitored Make of alarm \_\_\_\_\_

Monitoring company: \_\_\_\_\_

Safe make: \_\_\_\_\_ Safe class: \_\_\_\_\_ Safe dimensions: \_\_\_\_\_

Frequency of bank deposits \_\_\_\_\_ Deposited by whom: \_\_\_\_\_

Average Cash Flow on Premise: \$ \_\_\_\_\_ Maximum Cash on Premises \$ \_\_\_\_\_

**LIABILITY**

Number of employees: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Annual Revenue: \$ \_\_\_\_\_

Does your establishment have a staff training program?  Yes  No

Have you ever had any food or health violations?  Yes  No If yes, please explain: \_\_\_\_\_

Do you maintain an incident log?  Yes  No

**Applicant Declaration**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance.

Should a policy be issued through Intact Insurance Company, the policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract:
  - a) gives false or erroneous information to the prejudice of the insurer, or
  - b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The insured contravenes a term of the Contract or commits a fraud; or
3. The insured wilfully makes a false statement in respect of a claim under the Contract.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INTACT INSURANCE COMPANY AND MY BUSINESS.**

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

TITLE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

**Please sign and return to Lloyd Sadd Insurance, Jgionet@lloydsadd.com**



**PROPERTY VALUES (IF MORE THAN ONE LOCATION – PLEASE PROVIDE VALUES PER LOCATION)**

**PROPERTY STATEMENTS OF VALUES**

**LLOYD SADD CDQ INSURANCE PROGRAM**

**PART 1 – COMPREHENSIVE PROPERTY INSURANCE COVERAGE**

To establish the amount of insurance based upon the total cost of entirely rebuilding or replacing the property with new of similar kind and quality at today's prices on:

**REPLACEMENT COST BASIS** – without any deduction for depreciation at the location named on the above Certificate, total property value.

**1. PROPERTY OF EVERY DESCRIPTION - Property Insurance Limits/Values**

Location #	Building #
<b>Building</b> (If owned or required to be insured)	\$
<b>Equipment &amp; Contents</b>	\$
<b>Stock</b>	\$
<b>TOTAL PROPERTY VALUE TO BE INSURED</b>	\$

I/we do certify that the values shown reflect our best and most current total replacement cost (new) valuation, and acknowledge that these values form the basis upon which the policy is to be issued.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Please sign and return to Lloyd Sadd Insurance, Jgionet@lloydsadd.com