



INSURANCE UPDATE FORM TIM HORTONS FRANCHISE PROGRAM



1 RESTAURANT NUMBER: _____

2 RESTAURANT FULL MAILING ADDRESS: _____

3 RESTAURANT TELEPHONE NUMBER: _____

4 RESTAURANT DESCRIPTION: FREE STANDING FOOD COURT
STRIP MALL/INLINE GAS STATION
KIOSK OTHER

5 TYPE OF NOTIFICATION: NEW RESTAURANT CHANGE IN OWNERSHIP RESTAURANT CLOSURE

6 OPEN/CLOSE/CHANGE DATE: _____

7 IS THIS A LICENSE AGREEMENT? IF **YES**, PROCEED TO NUMBER 10 YES NO

8 IS THIS AN OPERATOR AGREEMENT? YES NO

9 IS THIS A SUCCESSION PLAN? YES NO

OPERATOR/LICENSEE INFORMATION:

10 LEGAL ENTITY NAME: _____
*as it appears on your Agreements with Tim Hortons

11 INDEMNIFIERS: _____

12 OWNER/OPERATOR CONTACT INFORMATION: _____

LANDLORD INFORMATION:

REFER TO HEAD LEASE, IF APPLICABLE

13 LANDLORD'S NAME: _____

14 LANDLORD'S FULL MAILING ADDRESS: _____

IF APPLICABLE:

15 LANDLORD'S PROPERTY MANAGER NAME: _____

16 LANDLORD'S PROPERTY MANAGER ADDRESS: _____

17 IS BUILDING INSURANCE REQUIRED? (REFER TO LEASE OR HEAD LEASE) YES NO

ADDITIONAL DETAILS FOR NON-FREE STANDING RESTAURANT LOCATIONS:

18 DOES THIS RESTAURANT HAVE SEATING? YES NO

19 IS THE SEATING DESIGNATED FOR TIM HORTONS GUESTS ONLY? YES NO

20 IS THERE A SEPARATE ENTRANCE DESIGNATED FOR TIM HORTONS GUESTS ONLY? YES NO

21 DOES THIS RESTAURANT HAVE A DRIVE THRU? YES NO

22 OTHER NOTES: _____