



1550 Bedford Highway, Suite 815 Bedford, NS B4A 1E6
t: 1-877-343-8224 f: 1-877-432-9822 e: accounts@agileuw.ca
agileuw.ca

Hospitality Application

Applicant Details

- 1. Legal Name of Insured:
2. Operating Name of Insured:
3. Mailing Address:
4. Risk Address:
5. Website Address:
6. Principal Name(s):
7. Phone Number:
8. Number of years in business
a. At this location:
b. At other locations:
9. Number of years experience:
10. Name and address of mortgagee(s)
11. Occupancy by Insured:
Restaurant Pub Bar/Tavern
Lounge Legion Private Club
Night Club Strip Club Banquet Hall
Other (explain)
12. Occupancy by others:
13. Current Insurer: Expiry date:
14. Expiry premium: Target premium:
15. Renewal offered?
Yes No
16. If not, why not?

17. Has Insured ever been cancelled or declined?

Yes  No

18. Details: \_\_\_\_\_

\_\_\_\_\_

19. Loss/claim history in last five (5) Years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Steps taken to prevent further losses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Protection Details

21. Building Construction:

|                              | Original Building | Additions |
|------------------------------|-------------------|-----------|
| Year Built                   |                   |           |
| Number of Storeys            |                   |           |
| Ground Floor Area            |                   |           |
| Walls                        |                   |           |
| Roof                         |                   |           |
| Floors                       |                   |           |
| Type of Heating              |                   |           |
| Any Wood Stoves              |                   |           |
| Fuses or Breakers            |                   |           |
| Year Updated, if over 25 yrs | Plumbing          | Heating   |
|                              | Wiring            | Roof      |

22. Protection:

Distance to Fire hydrant \_\_\_\_\_

Fire hall \_\_\_\_\_ Paid/volunteer \_\_\_\_\_

Number of portable extinguishers \_\_\_\_\_

Type? \_\_\_\_\_ Date last serviced? \_\_\_\_\_

Premises Sprinklered? \_\_\_\_\_ Percentage Sprinklered? \_\_\_\_\_

Is Kitchen equipped with Deep fat fryer \_\_\_\_\_ Grill \_\_\_\_\_

CO2 system in cooking area \_\_\_\_\_ 6 month maintenance contract \_\_\_\_\_

23. Exposures:

|              | Right | Left | Front | Rear |
|--------------|-------|------|-------|------|
| Occupancies  |       |      |       |      |
| Construction |       |      |       |      |
| Height       |       |      |       |      |
| Distance     |       |      |       |      |

24. Alarm Details:

|                        | Fire | Burglary |
|------------------------|------|----------|
| Local or monitored?    |      |          |
| Monitoring company?    |      |          |
| ULC rated?             |      |          |
| Dedicated lines?       |      |          |
| % of premises alarmed? |      |          |

25. Money handling details:

|                              |  |
|------------------------------|--|
| How often are deposits made? |  |
| By whom?                     |  |
| Dimensions of safe           |  |
| Class of safe                |  |
| Alarmed?                     |  |

26. What is your Establishment's Total Sales Figures (broken down as follows):

|                         | Food     | Alcohol | Cover Charge | Rooms |
|-------------------------|----------|---------|--------------|-------|
| Actual Last 12 Months   |          |         |              |       |
| Estimate Next 12 Months |          |         |              |       |
| Other Income Estimates  | Source   |         |              |       |
|                         | Receipts |         |              |       |

27. Activities details:

|  |                               |                         |                              |                             |
|--|-------------------------------|-------------------------|------------------------------|-----------------------------|
| Dance Floor(s)   | Number _____                  | Total Sq. Footage _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Disc Jockey  | Number of nights a week _____ |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Type of music _____           |                         |                              |                             |
| Live Bands   | Number of nights a week _____ |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Type of music _____           |                         |                              |                             |
| Comedy Club  |                               |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Karaoke  |                               |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Darts  | Number of boards _____        |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Pool Tables  | Number of tables _____        |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Arcade Games   | Number of games _____         |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Special Events or Promotions (Provide Promotional Material and Describe Below) |                               |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| _____  | _____                         |                         |                              |                             |
| _____  | _____                         |                         |                              |                             |

28. Other notes applicable to activities details, operations, past experience, etc; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Liability Details

29. Do you have Liquor License or Permit? (License Permit # \_\_\_\_\_)

Yes  No

30. Have you incurred any Provincial Liquor Control Board violations and/or suspensions in the las five (5) years?

Yes  No

31. If yes, please provide dates and situations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. What is your Licensed Capacity:

- a. Internal \_\_\_\_\_
- b. Patio \_\_\_\_\_
- c. Other (describe) \_\_\_\_\_
- d. Total number of rooms licensed \_\_\_\_\_
- e. Total square footage of licensed rooms \_\_\_\_\_

f. Number of rooms rented

i. Daily: \_\_\_\_\_

ii. Weekly: \_\_\_\_\_

iii. Monthly: \_\_\_\_\_

33. Do you have a stand up bar?

Yes  No

34. Do you sell low alcohol (2.5%) products?

Yes  No

35. What is the age group of your patrons and class of clientele? \_\_\_\_\_

36. Do you do any deliveries?

Yes  No

37. Do you rent your premises for special functions?

Yes  No

38. If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

39. Do you provide staff for serving liquor at these functions?

Yes  No

40. Hours of operations: \_\_\_\_\_ Days per week: \_\_\_\_\_

41. Does the operation have a "Happy Hour"?

Yes  No

42. If yes, please provide the hours and frequency: \_\_\_\_\_

43. Do you have a swimming/wading pool?

Yes  No

44. Do you have any elevators?

Yes  No

45. Do you have a mechanical amusement devices (owned/operated)

Yes  No

46. If yes, please describe use and class of clientele: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

47. What percentage of your "Bar" customers order a meal with their beverages? \_\_\_\_\_

48. Have all owners, managers and servers taken a Provincial Responsible Server Program?

Yes  No

49. Are all new employees who may serve alcohol required to have or to take a Provincial Responsible Server Program within 45 days of employment?

Yes  No

50. Is there always a Manager or Assistant Manager on duty in addition to servers?

Yes  No

51. Do you check identification of ALL patrons who could be underage?

Yes  No

52. Do you use door control?

Yes  No

53. Is yes, specify:

Bouncers Yes  No

Number of bouncers \_\_\_\_\_

Are bouncers employees? Yes  No

Sub-contractors? Yes  No

Door Security Yes  No

54. Do you have a cover charge?

Yes  No

55. Do you have a written house policy?

Yes  No

56. Does your staff promote the Designated Driver Program?

Yes  No

57. Is your staff aware of procedures for handling intoxicated patrons?

Yes  No

58. Are these procedures posted so all staff may refer to them?

Yes  No

59. What is the procedure for the following situations:

a. Impaired patrons arrive at your establishment? \_\_\_\_\_

\_\_\_\_\_

b. Patrons who become impaired at your establishment? \_\_\_\_\_

\_\_\_\_\_

c. Patrons who fight or become disruptive or abusive? \_\_\_\_\_

\_\_\_\_\_

d. Patrons who are impaired and leave your premises alone? \_\_\_\_\_

\_\_\_\_\_

Coverages Required

|                               | FORM | DEDUCTIBLE | LIMIT |
|-------------------------------|------|------------|-------|
| <b>PROPERTY</b>               |      |            |       |
| Building                      |      |            |       |
| Stock                         |      |            |       |
| Consequential Loss            |      |            |       |
| Equipment                     |      |            |       |
| Office Contents               |      |            |       |
| EDP Equipment                 |      |            |       |
| Blanket Glass                 |      |            |       |
| Signs                         |      |            |       |
| Other (specify):              |      |            |       |
|                               |      |            |       |
|                               |      |            |       |
| Gross Earnings                |      |            |       |
| Profits                       |      |            |       |
| Rents                         |      |            |       |
| Extra Expense                 |      |            |       |
| Other (specify):              |      |            |       |
|                               |      |            |       |
|                               |      |            |       |
|                               |      |            |       |
| <b>CRIME</b>                  |      |            |       |
| Broad Form Money & Securities |      |            |       |
| Inside/Outside Robbery        |      |            |       |
| Employee Dishonesty (Form A)  |      |            |       |
| Other (specify):              |      |            |       |
|                               |      |            |       |
|                               |      |            |       |
|                               |      |            |       |
| <b>LIABILITY</b>              |      |            |       |
| Commercial General Liability  |      |            |       |
| Tenant's Legal Liability      |      |            |       |
| Non-owned Automobile          |      |            |       |
| Other (specify):              |      |            |       |

Declaration

I / we declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I / we will advise Underwriters as soon as practicable.

I / we understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect, I / we hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into.

I / we have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use and disclosure of to third parties.

*Protection and Electronic Documents Act (PIPEDA)*

Print Name of Proposed Insured \_\_\_\_\_

Signature of Applicant & Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Broker Information

1. Company Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_

4. Fax Number: \_\_\_\_\_

5. Website Address: \_\_\_\_\_

6. Broker's (Marketer's) Name: \_\_\_\_\_

7. Email Address: \_\_\_\_\_