

## 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	No
Disc Jockey	Number of nights a week _____		Yes	No
	Type of music _____			
Live Bands	Number of nights a week _____		Yes	No
	Type of music _____			
Comedy Club			Yes	No
Karaoke			Yes	No
Darts	Number of boards _____		Yes	No
Pool Tables	Number of tables _____		Yes	No
Arcade Games	Number of games _____		Yes	No
Special Events or Promotions (Provide Promotional Material and Describe Below)			Yes	No
_____	_____			
_____	_____			

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 last 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: \_\_\_\_\_  
 \_\_\_\_\_
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

	<b>FORM</b>	<b>DEDUCTIBLE</b>	<b>LIMIT</b>
<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: \_\_\_\_\_