

# HOSPITALITY APPLICATION

1. Please answer all questions. If any section does not apply, please indicate with “Not Applicable” OR “None”.
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

## APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this Applicant’s application, including any additional information provided, all will attach to and form part of the policy that is issued.

**Completion of this form does not bind coverage. Applicant’s written acceptance of an insurance company’s quotation and company’s written agreement to be bound are required to bind coverage and issue policy.**

### APPLICANT INFORMATION

Legal Name of Insured: \_\_\_\_\_

Operating Name of Insured \_\_\_\_\_

Mailing Address incl Postal Code \_\_\_\_\_

Risk Address incl Postal Code \_\_\_\_\_

Website Address \_\_\_\_\_

Principal Name(s) \_\_\_\_\_

Phone Number \_\_\_\_\_

Number of Years in Business At this location \_\_\_\_\_

At other locations \_\_\_\_\_

Number of Years’ Experience \_\_\_\_\_

Name and Address of Mortgagee(s) \_\_\_\_\_

Occupancy by Insured

Restaurant                      Pub                      Bar/Tavern

Lounge                              Legion                      Private Club

Night Club                      Strip Club                      Banquet Hall

Other (explain) \_\_\_\_\_

Occupancy by Others \_\_\_\_\_

Current Insurer \_\_\_\_\_ Expiry Premium \_\_\_\_\_  
Renewal Offered? \_\_\_\_\_ Expiry Date \_\_\_\_\_ Target Premium \_\_\_\_\_

If not, why not? \_\_\_\_\_

Has Insured ever been cancelled or declined? \_\_\_\_\_ Details \_\_\_\_\_

Loss/Claim History in Last Five (5) Years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Steps Taken to Prevent Further Losses \_\_\_\_\_

**PROTECTION DETAILS**

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	

BUILDING CONSTRUCTION	ORIGINAL BUILDING		ADDITIONS	
Fuses or Breakers				
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	Wiring		Roof	

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 <sup>th</sup> Month Maintenance Contract?		

ALARM DETAILS	FIRE	BURGLARY
Local or Monitored?		
Monitoring Company?		
ULC Rated?		
Dedicated Lines?		
% of Premises Alarmed		

MONEY HANDLING DETAILS

How often are deposits made?	
By Whom?	
Dimensions of Safe	
Class of Safe	
Alarmed?	

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

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

ACTIVITIES DETAILS

Dance Floor(s)	Number _____	Total Sq Footage _____	Yes	O	No	O
Disc Jockey	Number of nights a week		Yes	O	No	O
	Type of Music					
Live Bands	Number of nights a week		Yes	O	No	O
	Type of Music					
Comedy Club			Yes	O	No	O
Karaoke			Yes	O	No	O
Darts	Number of Boards		Yes	O	No	O
Pool Tables	Number of Tables		Yes	O	No	O
Arcade Games	Number of Games		Yes	O	No	O
Special Events or Promotions (Provide Promotional Material and Describe Below)			Yes	O	No	O
Other	Describe		Yes	O	No	O
Other	Describe		Yes	O	No	O

OTHER NOTES APPLICABLE TO ACTIVITIES DETAILS, OPERATIONS, PAST EXPERIENCE, ETC

LIABILITY DETAILS

- Do you have a valid Liquor License or Permit? (License Permit # \_\_\_\_\_) Yes  No
  - Have you incurred any Provincial Liquor Control Board violations and/or suspensions in the Last Five (5) Years? Yes  No
- If yes, please provide dates and situations \_\_\_\_\_

- What is your Licensed Capacity:
  - Internal \_\_\_\_\_
  - Patio \_\_\_\_\_
  - Other (describe) \_\_\_\_\_
  - Total number of rooms licensed \_\_\_\_\_
  - Total square footage of licensed rooms \_\_\_\_\_
  - Number of rooms rented Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

- Do you have a stand up bar? Yes  No
- Do you sell low alcohol (2.5%) products? Yes  No

What is the Age Group of your Patrons and Class of Clientele? \_\_\_\_\_

- Do you do any deliveries? Yes  No
  - Do you rent your premises for special functions? Yes  No
- If yes, please describe: \_\_\_\_\_

Do you provide staff for serving liquor at these functions? Yes  No

- Hours of Operations: \_\_\_\_\_ Days per Week: \_\_\_\_\_
  - Does the operation have a "Happy Hour"? Yes  No
- If yes, please provide the hours and frequency \_\_\_\_\_

- Do you have a swimming/wading pool? Yes  No
- Do you have any Elevators? Yes  No

- Do you have a mechanical amusement devices (owned/operated) Yes  No   
If yes, please describe use and class of clientele \_\_\_\_\_  
\_\_\_\_\_
  
- What percentage of your "Bar" customers order a meal with their beverages? \_\_\_\_\_
- Have all owners, managers and servers taken Provincial Responsible Server Program? Yes  No   
Yes  No  Yes  No
- 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
- Is there always a Manager or Assistant Manager on duty in addition to servers?
- Do you check identification of ALL patrons who could be underage?
- Do you use door control?  
If Yes, Specify      Bouncers                      Yes  No       Number of Bouncers      \_\_\_\_\_  
                                         Are Bouncers Employees      Yes  No       Sub-Contractors      Yes  No   
                                         Door Security                      Yes  No
- Do you have a cover charge? Yes  No
- Do you have a written house policy? Yes  No
- Does Staff receive a copy of it and training on it? Yes  No
- Does your Staff promote the Designated Driver Program?  
Yes  No
- Is your staff aware of procedures for handling intoxicated patrons?  
Yes  No
- Are these procedures posted so all staff may refer to them?  
Yes  No
- What is the procedure for the following situations:
  1. Impaired patrons arrive at your establishment?
  2. Patrons who become impaired at your establishment?
  3. Patrons who fight or become disruptive or abusive?
  4. 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**

Company Name

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Fax Number

\_\_\_\_\_

Website Address

\_\_\_\_\_

Broker's (Marketer's) Name

\_\_\_\_\_

Email address

\_\_\_\_\_