



# HOSPITALITY APPLICATION

1. Name of the Insured \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Location of Risk: \_\_\_\_\_  
(More than 1 location, use spreadsheet)

4. Principal Names: \_\_\_\_\_

5. Contact Information: \_\_\_\_\_

6. Number of Years at this Location: \_\_\_\_\_

7. Prior Operating Experience \_\_\_\_\_

8. Indicate Type of Area: \_\_\_\_\_  
(Downtown, Suburban, Rural)

9. Occupancy:

<input type="checkbox"/> Pub	<input type="checkbox"/> Private Club
<input type="checkbox"/> Sports Bar	<input type="checkbox"/> Lounge
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Legion
<input type="checkbox"/> Fast Food	<input type="checkbox"/> Hotel / Motel
<input type="checkbox"/> Casual Dining	<input type="checkbox"/> Resort
<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Casino
<input type="checkbox"/> Buffet	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Is this a Family Run Business: \_\_\_\_\_

11. Are Premises Rented for Special Functions: \_\_\_\_\_  
If so, Type of Functions and How Often: \_\_\_\_\_  
Does Your Staff Provide Liquor Service: \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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12. Hours of Operations and Days Open: \_\_\_\_\_

13. Is Business Open: \_\_\_\_\_

<input type="checkbox"/> Year Round	<input type="checkbox"/> Seasonally
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If Seasonal: When Is It Open \_\_\_\_\_  
Procedures When Closed \_\_\_\_\_

14. If Hotel/Motel, Number of Rooms For Rent \_\_\_\_\_

Are Rooms: \_\_\_\_\_

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly
<input type="checkbox"/> Weekly	<input type="checkbox"/> Government Subsidized

Percentage of Rooms Rented Monthly: \_\_\_\_\_

Do Rooms Have Any Cooking Equipment \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If So, What \_\_\_\_\_

15. Current Insurance Company: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Target Premium: \_\_\_\_\_



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16. Is Renewal Being Offered:  Yes  No  
 If Not, Why Not: \_\_\_\_\_
17. Has Insurance Been Cancelled or Declined in the Past Five (5) Years:  Yes  No  
 If So, Provide Details: \_\_\_\_\_

18. Provide All Losses in Last Five (5) Years

DATE	DETAILS	STATUS	PAID / RESERVE
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Advise Steps Taken to Prevent Similar Losses \_\_\_\_\_

19. Do You Currently have a Valid Liquor License / Permit:  Yes  No  
 Advise Number and Expiry Date: \_\_\_\_\_
20. Are You Aware of Any Incidents that May Give Rise to a Claim:  Yes  No  
 If Yes, Provide Details: \_\_\_\_\_
21. Have You Incurred any Provincial Liquor Control Board Violations / Suspensions in the Last five (5) Years  Yes  No  
 If Yes, Details: \_\_\_\_\_
22. Have You Had Any Food or Health Violations in the Last Five (5) Years  Yes  No  
 If Yes, Details: \_\_\_\_\_
23. Has the Principal or Any Active Partner Filed for Bankruptcy:  Yes  No  
 If Yes, Details: \_\_\_\_\_

24. Revenue Split:

	Actuals from Last Year	Estimate for this Year
Liquor - On Premises		
Liquor - Off Premises		
Food		
VLT's		
Rooms		
Other		

25. Structural Type  Industrial Plaza  Commercial Condo  
 Strip Mall  Commercial / Residential Mixed Building  
 Stand Alone Building  Other \_\_\_\_\_



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26. Construction  Frame  Non-Combustible / Non-Masonry  
 Brick Veneer  Non-Combustible / Masonry  
 Masonry  Fire Resistive
27. Roof Construction (wood, steel, concrete, etc) \_\_\_\_\_  
 Floor Construction \_\_\_\_\_  
 Type of Heating \_\_\_\_\_  
 Electrical (# of amps, fuses, circuit breakers, etc) \_\_\_\_\_
28. Year Built \_\_\_\_\_ Square Footage Total \_\_\_\_\_ Occupied by Insured \_\_\_\_\_  
 No of Storeys \_\_\_\_\_ Basement  Yes  No  
 Updates: Roof \_\_\_\_\_ Partial / Complete Plumbing \_\_\_\_\_ Partial / Complete  
 Wiring \_\_\_\_\_ Partial / Complete Heating \_\_\_\_\_ Partial / Complete  
 Other Occupancies in Building \_\_\_\_\_
29. Is the kitchen equipped with Deep Fat Fryer, Grill (Hot Plate)  Yes  No  
 Is there a CO2 System in the Kitchen  Yes  No  
 Wet  Dry  
 Is there a 6 month maintenance contract in effect  Yes  No  
 If so, with whom \_\_\_\_\_ Last Inspected when \_\_\_\_\_  
 Are kitchen grease traps cleaned and serviced regularly  Yes  No
30. Are the premises sprinklered  Yes  No Percentage sprinklered \_\_\_\_\_  
 Alarm System  Local  Monitored Percentage of premises alarmed \_\_\_\_\_  
 Alarm connected for fire detection as well as break-ins  Yes  No  
 Is there a CCTV in place  Yes  No  
 Number of cameras \_\_\_\_\_ Copies of video retained  Yes  No  
 Describe other safety features (dead bolts, metal bars, etc) \_\_\_\_\_
31. Type of safe, class and dimensions \_\_\_\_\_  
 Frequency of bank deposits \_\_\_\_\_ Done by whom \_\_\_\_\_  
 Is there a regular scheduled time and route used  Yes  No
32. Total number of employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Spilt between Managers \_\_\_\_\_ Staff \_\_\_\_\_ Others (describe) \_\_\_\_\_  
 How many employees have been employed for more than 2 years \_\_\_\_\_  
 Is owner involved in day-to-day management of the establishment  Yes  No  
 If no, explain \_\_\_\_\_  
 Is there always a manager or assistant manager on duty in addition to servers  Yes  No



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33. Are procedures in place for handling broken glass, cleaning of spillages, provision for first aid, slip and falls  Yes  No
- Do you have a written procedures regarding service of alcohol  Yes  No
- Are they posted for staff members  Yes  No
- Have all managers / servers taken the ProServe (SIP) program or equivalent  Yes  No
- Does your establishment have a staff training program  Yes  No
- Is the ID checked on all patrons that could potentially be underage?  Yes  No
- What is the search protocol for patrons entering the premises \_\_\_\_\_
- Are there set procedures for handling intoxicated patrons  Yes  No
- Describe \_\_\_\_\_
- Are Police called to handle intoxicated patrons who resist the invitation to leave  Yes  No
- How often has this happened in the last 12 months \_\_\_\_\_
- When patrons are evicted from the premises, will staff call a taxi  Yes  No
- Who would be barred from the premises \_\_\_\_\_
- Do you maintain an incident log  Yes  No
34. Dance Floors  Yes  No Number \_\_\_\_\_ Sq Footage \_\_\_\_\_
- Disc Jockey  Yes  No No of Nights \_\_\_\_\_ Music Type \_\_\_\_\_
- Live Bands  Yes  No No of Nights \_\_\_\_\_ Music Type \_\_\_\_\_
- Karaoke  Yes  No No of Nights \_\_\_\_\_
- Comedy Club  Yes  No No of Nights \_\_\_\_\_
- Pool Tables  Yes  No Number \_\_\_\_\_
- Darts  Yes  No Number \_\_\_\_\_
- VLT's  Yes  No Number \_\_\_\_\_
- Arcade Games  Yes  No Number \_\_\_\_\_
- Age Group of the majority of Customers  Under 25  25 to 30  31 to 50  Over 50
35. Bouncers  Yes  No Number \_\_\_\_\_
- Employees  Yes  No Subcontractors  Yes  No
- Door Security  Yes  No Number of Doors \_\_\_\_\_
- Employees  Yes  No Subcontractors  Yes  No
- Is there a Host or Hostess to seat customers  Yes  No
36. Any special lighting (strobe, pyrotechnic, other \_\_\_\_\_)  Yes  No
- When are they used \_\_\_\_\_ How often are they used \_\_\_\_\_
37. Are drinks allowed on the dance floor  Yes  No
- How is it monitored \_\_\_\_\_



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38. Do you make deliveries  Yes  No  
 If yes, do you check employees MVR, insurance in is place  Yes  No
39. Seating Capacity Internal \_\_\_\_\_ Patio \_\_\_\_\_ Other \_\_\_\_\_  
 If Patio is it Ground Floor \_\_\_\_\_ or Rooftop \_\_\_\_\_  
 If Rooftop Number of Stairs to the Roof \_\_\_\_\_  
 Total number of rooms licensed (whether used or not) \_\_\_\_\_
40. Describe the parking facilities available \_\_\_\_\_  
 Do you provide Valet Parking  Yes  No
41. Are there stairs leading to and from the establishment  Yes  No  
 If yes, how many steps are there \_\_\_\_\_  
 How many Fire Exits are available to customers \_\_\_\_\_  
 Are they all functional  Yes  No  
 Are there stairs leading to and from the public washrooms  Yes  No  
 If yes, how many steps are there \_\_\_\_\_  
 Are the public washrooms inspected on a regular basis during business hours  Yes  No  
 Are there any passenger elevators  Yes  No  
 If so, how many elevators are there \_\_\_\_\_  
 Is there a swimming pool, wading pool, hot tub or water slide  Yes  No  
 If so, what are the hours of operation \_\_\_\_\_  
 Maximum Depth \_\_\_\_\_ Dimensions \_\_\_\_\_  
 Is there a Lifeguard on duty  Yes  No  
 Are areas around pool specifically non-skip type  Yes  No  
 Describe enclosure and protection for the public \_\_\_\_\_
42. Who is responsible for building maintenance and snow removal \_\_\_\_\_  
 Do the snow removal contractors carry their own insurance  Yes  No  
 Is the Insured named on the snow removal contractor's policy  Yes  No  
 Does the Insured obtain Proof of Insurance from the snow removal contractor  Yes  No



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COVERAGE DETAILS		
DESCRIPTION	LIMIT	DEDUCTIBLE
Building		
Contents including Tenant Improvements		
Equipment including Tenant Improvements		
Stock		
Consequential Loss on Stock		
Office Contents		
EDP Floater		
Miscellaneous Property Floater (provide schedule)		
VLT Equipment		
Gross Earnings		
Profits		
Extra Expense		
Sewer Backup		
Flood		
Earthquake		
Employee Dishonesty (Form A)		
Broad Form Money & Securities		
CGL / NOA		
Tenants Legal Liability		
Boiler		



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## DECLARATION

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as part of the commencement date of said insurance and in accordance with all terms thereof and the said applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Print Name \_\_\_\_\_

## **BROKER QUESTIONNAIRE**

Is this Business new to your office  Yes  No Since when have you known the applicant \_\_\_\_\_

Have you seen the primary location  Yes  No If yes, when \_\_\_\_\_

Condition of the Property  Good  Fair  Poor

Are there special circumstances regarding this application which the company should know  Yes  No

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

Broker Name \_\_\_\_\_

Signature \_\_\_\_\_