

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:

	Pub	Private Club	Sports Bar	Lounge
	Restaurant	Legion	Fast Food	Hotel/Motel
	Casual Dining	Resort	Fine Dining	Casino
	Buffet	Other:		
10. Is this a Family Run Business? Yes No
11. Are Premises Rented for Special Functions? Yes No
If so, Type of Functions and How Often: _____
Does your staff provide Liquor Service? Yes No
12. Hours of Operations and Days Open: _____
13. Is Business Open: Year Round Seasonally
If seasonal, when is it open? _____
Procedures when closed: _____
14. If Hotel/Motel, number of rooms for rent: _____
Are rooms: Daily Weekly Monthly Government Subsidized
Percentage of rooms rented monthly: _____
Do rooms have any cooking equipment? Yes No
If so, what: _____
15. Current Insurance Company: _____
Expiry Date: _____ Policy Number: _____
Expiring Premium: _____ Target Premium: _____
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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Stand Alone Building
 Commercial/Residential Mixed Building Other: _____

26. Construction Frame Brick Veneer Masonry Fire Resistive
 Non-Combustible/Non-Masonry Non-Combustible/Masonry

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: _____

Split 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

33. Are procedures in place for handling broken glass, cleaning of spillages, provision for first aid, slip and falls? Yes No

Do you have 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: _____

38. Do you make deliveries? Yes No

If yes, do you check employees MVR, insurance in it's place? Yes No

39. Seating Capacity Internal: _____ Patio: _____ Other: _____
 If Patio, is it Ground Floor: _____ or Rooftop: _____
 If Rooftop Number of stairs to 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

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		

Description	Limit	Deductible
Flood		
Earthquake		
Employee Dishonesty (Form A)		
Broad Form Money & Securities		
CGL/NOA		
Tenants Legal Liability		
Boiler		

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 and 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: _____