

HOSPITALITY APPLICATION

Name of the Insured: _____

Mailing Address: _____

Location of Risk (*more than one location, use spreadsheet*): _____

Principal Names: _____

Contact Information: _____

Number of Years at this Location: _____

Prior Operating Experience: _____

Indicate Type of Area (*Downtown, Suburban, Rural*): _____

Occupancy:

Pub	Private Club	Sports Bar	Lounge	Restaurant
Legion	Fast Food	Hotel/Motel	Casual Dining	Resort
Fine Dining	Casino	Buffet	Other: _____	

Is this a Family Run Business? Yes No

Are Premises Rented for Special Functions? Yes No

If so, type of function and how often: _____

Does your staff provide liquor service? Yes No

Hours of operation and days open: _____

Is business open: Year Round Seasonally

If seasonal, when is it open? _____

Procedures when closed: _____

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 yes, please describe: _____

Current Insurance company: _____

Expiry Date: _____ Policy Number: _____

Expiring Premium: _____ Target Premium: _____

Is renewal being offered? Yes No If no, please explain: _____

Has insurance been cancelled or declined in the past five years? Yes No

If yes, please provide details: _____

Provide All Losses in the last five years

Date	Details	Status	Paid/Reserve
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advise steps taken to prevent similar losses: _____

Do You Currently have a valid Liquor License/Permit? Yes No

Advise number and expiry date: _____

Are you aware of any incidents that may give rise to a claim? Yes No

If yes, provide details: _____

Have you incurred any provincial liquor control board violations/suspensions in the last five years? Yes No

If yes, provide details: _____

Have you had any food or health violations in the last five years? Yes No

If yes, provide details: _____

Has the principal or any active partner filed for bankruptcy: Yes No

If yes, provide details: _____

Revenue Split:

Actuals from last year

Estimate for this year

Liquor - On Premises	_____	_____
Liquor - Off Premises	_____	_____
Food	_____	_____
VLT's	_____	_____
Rooms	_____	_____

Structural Type:

Industrial Plaza Commercial Condo Strip Mall Commercial/Residential Mixed Building

Stand Alone Building Other: _____

Construction:

Frame Brick Veneer Masonry Fire Resistive

Non-Combustible/Non-Masonry Non-Combustible/Masonry

Roof Construction (*wood, steel, concrete, etc.*): _____

Floor Construction: _____

Type of heating: _____

Electrical (*# of amps, fuses, circuit breakers, etc.*): _____

Type of Plumbing: _____

Year Built: _____ Square Footage: _____ Total: _____ Occupied by insured: _____

Number of storeys: _____ Basement: Yes No
Updates: Roof Partial/Complete Plumbing Partial/Complete
Wiring Partial/Complete Heating Partial/Complete
Other occupancies in building: _____

Distance to hydrant: _____ Distance to nearest (paid) responding firehall: _____

Is the kitchen equipped with a deep fat fryer, grill (hot plate): Yes No

Is there a CO2 system in the kitchen? Yes No If yes, is it: Wet Dry

Is there a 6 month maintenance contract in effect? Yes No

If so, with whom? _____ Date of last inspection: _____

Are kitchen grease traps cleaned and serviced regularly? Yes No

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 CCTV in place? Yes No

Number of cameras: _____ Are copies of video retained? Yes No

Describe other safety features (*dead bolts, metal bars, etc.*): _____

Type of safe, class and dimensions: _____

Frequency of bank deposits: _____ Done by whom: _____

Is there a regular scheduled time and route used? Yes No

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

Are there procedures in place for handling broken glass, cleaning 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 I 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

Dance Floors Yes No Number: _____ Square Footage: _____

Disk Jockey Yes No Number of Nights: _____ Music Type: _____

Live Bands Yes No Number of Nights: _____ Music Type: _____

Karoke Yes No Number of Nights: _____

Comedy Club Yes No Number 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

Bouncers? Yes No Number: _____

Employees: Yes No Subcontractors: Yes No

Door Security: Yes No Number of Doors: _____

Is there a Host or Hostess to seat customers? Yes No

Any special lighting (*strobe, pyrotechnic, other*)? Yes No

If yes, when is it used? _____

Are drinks allowed on the dance floor? Yes No

If yes, how is it monitored? _____

Do you make deliveries? Yes No

If yes, do you check employees MVR insurance is in place? Yes No

Seating capacity:

Internal: _____ Patio: _____ Other: _____

If Patio, is it: Ground Floor Rooftop If Rooftop, number of stairs to the roof: _____

Total number of rooms licensed (*whether used or not*): _____

Describe parking facilities available: _____

Do you provide valet parking? Yes No

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 their 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 yes, what are the hours of operation: _____

 Maximum Depth: _____ Dimensions: _____

 Is there a lifeguard on duty? Yes No Are areas around the pool specifically non-skip type: Yes No

 Describe enclosure and protection for the public: _____

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
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		

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: _____