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HOSPITALITY PROGRAM - LIQUOR LICENSED ESTABLISHMENT APPLICATION

Underwriters will rely upon each and every response given in this Application and any Supplementary Questionnaire in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

GENERAL INFORMATION

Brokerage Name and Address \_\_\_\_\_

1. Business Name \_\_\_\_\_

Any Subsidiaries, Partners or Joint Ventures  Yes\*  No \*Please specify \_\_\_\_\_

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

2. Principal(s) Name \_\_\_\_\_ # of years experience \_\_\_\_\_

Name \_\_\_\_\_ # of years experience \_\_\_\_\_

Inspection Contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Postal Address \_\_\_\_\_

4. Manager(s) Name \_\_\_\_\_ # of years experience \_\_\_\_\_

5. Current Insurer \_\_\_\_\_ Expiry Date \_\_\_\_\_

Policy Number \_\_\_\_\_ Current Premium: \_\_\_\_\_ Target Premium: \_\_\_\_\_

Is renewal being offered?  Yes  No\* \*Please explain \_\_\_\_\_

Has any other Insurer declined or refused to renew?  Yes\*  No \*Please explain \_\_\_\_\_

6. Losses/Claims – 5 years  Yes\*  No \*Please attach full details, date, reserve, cause, class, open/closed, steps taken to prevent reoccurrence, etc.)

RISK INFORMATION

1. Risk address \_\_\_\_\_

Number of years at this location \_\_\_\_\_ Prior operating experience / number of years at other locations \_\_\_\_\_

List any other business operations or locations: \_\_\_\_\_

Type of Clientele: \_\_\_\_\_ Average Age of Clientele? \_\_\_\_\_

2. Applicant is:  Owner  Tenant\* \*Landlord's Name \_\_\_\_\_ Franchised?  Yes  No

Is the building up for sale?  Yes\*  No Is business currently up for sale?  Yes\*  No \*Please specify: \_\_\_\_\_

3. Loss Payee and their Postal Address. Please complete Details of Loss Payees below.

1. \_\_\_\_\_

2. \_\_\_\_\_



**PROPERTY**

1. Building Construction Fire Resistive \_\_\_\_\_ % Non combustible \_\_\_\_\_ % Masonry \_\_\_\_\_ % Frame \_\_\_\_\_ %  
Other\* \_\_\_\_\_ % \*Please specify \_\_\_\_\_

2. Roof Construction  Concrete  Steel  Wood Floor Construction \_\_\_\_\_

3. Heating Type \_\_\_\_\_ Electrical Type:  Fuses  Circuit Breakers

Year Updated Full or partial \_\_\_\_\_ Roof \_\_\_\_\_ Heating \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_

4. Occupancy: 1<sup>st</sup> Floor \_\_\_\_\_ Sq. ft 2<sup>nd</sup> Floor \_\_\_\_\_ Sq. ft  
3<sup>rd</sup> Floor \_\_\_\_\_ Sq. ft Other \_\_\_\_\_ Sq. ft

5. Year building built \_\_\_\_\_ Total number of stories in building: \_\_\_\_\_

6. Are you responsible for building insurance?  Yes  No Total sq ft of all floors occupied by the business (incl basement) \_\_\_\_\_

7. Premises Sprinklered:  Yes  No Sprinklered % \_\_\_\_\_  
Is there an alarm system connected for fire detection?  Yes  No

8. Is the kitchen equipped with  Deep fat fryer  Grill (hot plate)  Other \_\_\_\_\_  
Is there an automatic extinguishing system in the kitchen?  Yes  No Wet or dry system \_\_\_\_\_  
Does it cover all cooking surfaces?  Yes  No\* \*Please explain \_\_\_\_\_

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

Maintenance Company \_\_\_\_\_

Are kitchen grease traps cleaned and serviced regularly?  Yes  No

9. Any instances of sewer back-up over the past 5 years?  Yes\*  No  
\*Please provide details \_\_\_\_\_

10. Water Main/Supply

- Is the applicant/tenant/staff aware of and have access to the shut-off valve?  N/A  Yes  No
- Have the small tanks been replaced within the past 10 years?  N/A  Yes  No
- Is proper drainage provided for the boiler room? (diking, floor drain)  N/A  Yes  No
- Are appliances connected with braided hoses?  N/A  Yes  No
- Is there a sump pump?  N/A  Yes  No
- Is there a supervised alarm?  N/A  Yes  No

**CRIME**

1. Alarm System  Local  Monitored Make of alarm \_\_\_\_\_  
Monitoring company \_\_\_\_\_

2. Safe make \_\_\_\_\_ Safe class \_\_\_\_\_ Safe dimensions \_\_\_\_\_  
Frequency of bank deposits \_\_\_\_\_ Deposited by whom \_\_\_\_\_

**\* Overnight coverage is limited to \$500.00 unless contained in a minimum class II safe\***

3. Do you have an ATM on site?  Yes\*  No \*Please complete ATM supplement below.



**LIABILITY**

**1. LIQUOR LICENSE OR PERMIT**

Class  Liquor Primary  Food Primary  Other\* \*Please specify \_\_\_\_\_

Has the establishment been cited for any infraction by the Liquor Control & Licensing Board during the past five (5) years?  Yes\*  No

\*Please provide details (date, type, resolution, etc.) \_\_\_\_\_

Has the Liquor Control & Licensing Branch required you to attend at any administrative or tribunal hearings during the past five (5) years  Yes\*  No

Has the liquor permit been suspended or revoked during the past 5 years?  Yes\*  No \*Please provide details \_\_\_\_\_

**2. SECURITY**

Do you employ security (bouncers/doormen)?  Yes\*  No \*No. of bouncers/doormen \_\_\_\_\_

In-house  Yes  No Sub-contracted  Yes\*  No \*Are you added as an additional Insured to their policy?  Yes  No

Who would be barred from entry? \_\_\_\_\_

What is the search protocol for patrons entering the premises? \_\_\_\_\_

Does your establishment require that all patrons appearing under the age of 19 produce 2 pieces of valid identification?  Yes  No

How are patrons evicted from premises? \_\_\_\_\_

In-house  Yes  No Sub-contracted  Yes\*  No \*Are you added as an additional Insured to their policy?  Yes  No

Have all security personnel successfully completed the "Security Training Basic Standards Courses"  Yes  No

Do all security personnel possess valid "security licenses"?  Yes  No

Do you link with the Bar Link ID Scanning System?  Yes  No

Have you installed CCTV/surveillance cameras?  Yes\*  No

\*How many cameras are there (inside/outside the premises)? \_\_\_\_\_

\*How long are the records kept? \_\_\_\_\_ years

How many times were the police called during the past 12 months to resolve problems? \_\_\_\_\_

Please specify circumstances for each occurrence:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Do you maintain an incident log?  Yes  No How long is the incident log kept? \_\_\_\_\_ years

**3. OPERATIONS**

Hours of Operation from \_\_\_\_\_ to \_\_\_\_\_ # days per week \_\_\_\_\_

Type of Operation(s) – Select all that are applicable to fully describe total operations

- Pub/Sports Bar  Restaurant  Night Club  Private Club\*  Adult Entertainment  Hotel/ Motel
- Fast Food  Casual Dining  Fine Dine  Buffet  Other\*

\*If "Private Club" or "Other", please provide a list of activities and attach to application.

Does the Applicant engage in lease of location for special functions (i.e. weddings, banquets, etc)?  Yes\*  No

\*Please complete Special Functions Supplement Questionnaire below.

Seasonal Operation?  Yes\*  No \*Please specify term of season: \_\_\_\_\_



**RECREATION/ENTERTAINMENT/AMUSEMENT FACILITIES**

Description	Yes	No	Days per Week	Additional Info
All Ages Event	<input type="checkbox"/>	<input type="checkbox"/>		
Comedy	<input type="checkbox"/>	<input type="checkbox"/>		
Dance Floor sq ft	<input type="checkbox"/>	<input type="checkbox"/>		
Please specify music genre				
Dancers (Strippers/Exotic) *Please specify	<input type="checkbox"/>	<input type="checkbox"/>		
Darts	<input type="checkbox"/>	<input type="checkbox"/>		
Disc Jockey	<input type="checkbox"/>	<input type="checkbox"/>		
Entertainment or Gaming machines	<input type="checkbox"/>	<input type="checkbox"/>		If yes, provide details
Karaoke	<input type="checkbox"/>	<input type="checkbox"/>		
Live Band	<input type="checkbox"/>	<input type="checkbox"/>		Please specify genre
Mechanical Bulls	<input type="checkbox"/>	<input type="checkbox"/>	No of Mechanical Bulls, etc.	
			Annual Gross Receipts	
Other Mechanical Devices *Please specify	<input type="checkbox"/>	<input type="checkbox"/>	Type	No.
Pool (Swimming or Wading), Waterslide, Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>		
Pool Table(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Rave	<input type="checkbox"/>	<input type="checkbox"/>		
Other – Please specify				

**4. AREA AND CAPACITY**

Area Interior \_\_\_\_\_ Patio \_\_\_\_\_ Other\* \_\_\_\_\_ \*Please specify \_\_\_\_\_  
 Seating Capacity Restaurant \_\_\_\_\_ Patio \_\_\_\_\_ Bar/Pub/Nightclub \_\_\_\_\_  
 Total No. of rooms licensed \_\_\_\_\_  
 Hotel/Motel No. of rooms \_\_\_\_\_ % of rooms monthly or short term rentals \_\_\_\_\_

**5. GROSS RECEIPTS**

	Last 12 months	Coming 12 months
Annual Gross Receipts (breakdown follows)		
Liquor (On Premises)		
Liquor – Beer & Wine Store		
Food		
Cover Charges		
Video Lottery Terminals (VLT)		
Rooms		
Sublet Receipts		
Rental Income (leases, etc.)		
Other* (beverage mix, coat checks, etc.)		
*Please specify		

**6. EMPLOYEES** Full time \_\_\_\_\_ Part time \_\_\_\_\_

7. Have managers/servers taken S.M.A.R.T. program or equivalent?  Yes  No  
 Does your establishment have a staff training program?  Yes  No  
 Do you have regular staff meetings to discuss issues related to liquor service & security?  Yes\*  No \*How often? \_\_\_\_\_  
 Does your establishment have a policy and procedures manual which employees are required to read?  Yes  No



8. If a patron becomes intoxicated, how are they handled?
- Alcohol service to patron is immediately stopped and food or non-alcohol beverages offered
  - Patron is asked to leave the premises
  - If unwilling to leave, patron is peacefully ejected with appropriate steps to ensure patron arrives home safely
  - Other methods.\* Please explain \_\_\_\_\_

- Is transportation arranged for intoxicated patrons who are leaving the premises?  Yes  No
- Is taxi service available to your establishment?  Yes  No
- Will your employees call a taxi for patrons?  Yes  No
- Is a taxi phone and number readily visible at main exit?  Yes  No
- Does your establishment offer access to any other alternative driver services for intoxicated patrons, such as Keys-Please or Designated Driver?  Yes  No

9. Does the Applicant obtain proof of insurance from tenants?  Yes\*  No
- Is Applicant added to tenants' policy as an additional Insured?  Yes\*  No
- Please state tenant(s)' Commercial General Liability insurance limit \_\_\_\_\_

10. Who is responsible for building maintenance?  Applicant  Contractor(s)  Other (Specify) \_\_\_\_\_
- Name of contractor \_\_\_\_\_
- Does the contractor(s) carry CGL insurance covering the snow removal operation?  Yes  No
- Does the Applicant obtain proof of insurance from the contractor(s) every year confirming full CGL coverage is in effect?  Yes  No
- Is the Applicant named on contractor's policy?  Yes  No

11. Who is responsible for snow removal?  Applicant  Contractor  Other (Specify) \_\_\_\_\_
- Name of contractor \_\_\_\_\_
- Does the contractor(s) carry CGL insurance covering the snow removal operation?  Yes  No
- Does the Applicant obtain and keep a record of proof of insurance from the contractor(s) confirming full CGL coverage is in effect?  Yes  No
- Is the Applicant named as additional Insured on contractor's policy?  Yes  No

12. Have you experienced either of the following **in past term:**
- a) Had a food borne illness / accidental malicious tampering incident  Yes\*  No \*Please advise \_\_\_\_\_
- b) Been cited / fined or closed by any public health or civil authority?  Yes  No

**Applicant Declaration**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance.

Should a policy (or any subsequent renewal) be issued through Totten Insurance Group, the policy (or any subsequent renewal policy) may be deemed to be void and/or claims may be denied where:

1. An Applicant/Insured for a contract:
  - a) gives false or erroneous information to the prejudice of the insurer, or
  - b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The Applicant/Insured contravenes a term of the Contract or commits a fraud; or
3. The Applicant/Insured wilfully makes a false statement in respect of a claim under the Contract.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE TOTTEN INSURANCE GROUP INC. AND MY BUSINESS.**

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature



### ATM SUPPLEMENTARY QUESTIONNAIRE

- a) No. of ATM at each risk location \_\_\_\_\_
- b) Is the Manufacturer UL a/o ULC certified?  Yes  No
- c) Is the ATM located away from exterior walls, windows & doors?  Yes  No
- d) Is the ATM adequately secured to the floor a/o wall?  Yes  No
- e) Is the ATM alarmed?  Yes  No
- f) Is use of the ATM limited to business hours?  Yes  No
- g) Is the ATM owned by the Insured or leased?  Owned  Leased
- h) Additional Insured, if any \_\_\_\_\_

### SPECIAL FUNCTIONS SUPPLEMENTARY QUESTIONNAIRE

- a) Identify type of events (i.e. wedding, banquet, meeting, etc.) \_\_\_\_\_
- b) Do you engage in off premises functions (i.e. beer tent, charity events, special occasion permits, etc.)?  Yes\*  No  
\*Please specify \_\_\_\_\_
- c) If you rent facilities to others, do you require proof of insurance from this other party?  Yes  No  
Is your establishment, **as identified on page 1 of this application**, added as additional Insured to lessee's policy?  Yes\*  No  
\*Please provide their Commercial General Liability Limits \_\_\_\_\_  
What receipts are generated from such functions? \_\_\_\_\_  
Estimated annual number of rentals/special functions \_\_\_\_\_  
Will your employees be serving at these functions?  Yes  No  
Do you provide your liquor serving employees for these functions?  Yes  No  
Additional Insured, if any \_\_\_\_\_



## COVERAGES & LIMITS REQUIRED

CLASS OF COVERAGE	Minimum	LIMITS REQUIRED	
Building	\$2,500		
Contents (Incl. Tenants Imprv. & Office Equipment)	\$2,500		
Electronic Equipment (Light, Sound, ATM)	\$2,500		
Consequential Loss Of Stock	\$2,500	\$10,00	<b>Included</b>
Business Income 100% Co-Ins	\$2,500		
Business Income 80% Co-Ins	\$2,500		
Extra Expense	\$2,500	\$25,00	<b>Included</b>
Rental Income	\$2,500		
Detached Sign	\$50	\$10,00	<b>Included</b>
Satellite Dish	\$50		
Fine Arts Floater	\$2,500	\$20,00	<b>Included</b>
Professional Fees	\$2,500	\$25,00	<b>Included</b>
Electronic Data Processing Equipment & Media	\$2,500	\$25,00	<b>Included</b>
Newly Acquired Or Constructed Buildings	\$2,500	\$1,000,000	<b>For 90 days</b>
Newly Acquired Business Personal Prop	\$2,500	\$500,00	<b>For 90 days</b>
Valuable Papers	\$2,500	\$10,00	<b>Included</b>
Accounts Receivable	\$2,500	\$10,00	<b>Included</b>
Property In Transit	\$2,500	\$10,00	<b>Included</b>
Earthquake	5% Minimum \$100,000		
Earthquake (BC/Quebec)	10% Minimum \$100,000		
Flood	\$50,000		
Sewer Backup	\$2,500		
Employee Dishonesty – “Form A”			
Broad Form Money & Securities			
Mechanical Breakdown (Boiler)	\$2,500		
Commercial General Liability			
Tenants Legal Liability		\$250,00	<b>Included</b>
Non-Owned Auto			
Medical Payments		\$10,000 per person \$10,000 per occurrence	<b>Included</b>
Personal Injury		\$1,000,000	<b>Included</b>
Advertising Injury		\$1,000,000	<b>Included</b>
Other Coverages			