

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: _____

10. Is this a Family Run Business:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. Are Premises Rented for Special Functions:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If so, Type of Functions and How Often:
Does Your Staff Provide Liquor Service:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

If So, What _____

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

15. Current Insurance Company: _____

Expiry Date: _____

Expiring Premium: _____

Policy Number: _____

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
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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 _____

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

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 _____

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



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		

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 _____