



[Liability Application]

HOSPITALITY RENEWAL QUESTIONNAIRE



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HOSPITALITY RENEWAL QUESTIONNAIRE

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Company (Full Legal Name): _____

Website Address (if applicable): _____

Description of Operations (check the appropriate box):

- | | | |
|---|---|---|
| <input type="checkbox"/> Pub / Sports Bar | <input type="checkbox"/> Night Club | <input type="checkbox"/> Casino Operations |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Adult Entertainment / Exotic Dancing | <input type="checkbox"/> Casual Dining (Take Out) |
| <input type="checkbox"/> Fine Dining | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Rental of Rooms |
| <input type="checkbox"/> Neighbourhood Pub | <input type="checkbox"/> Resort | <input type="checkbox"/> Bowling Alley |
| <input type="checkbox"/> Beer / Liquor Store | <input type="checkbox"/> Private Club | |
| <input type="checkbox"/> Other (please describe): _____ | | |

PART 2 CRIME UNDERWRITING INFORMATION

Burglary Alarm System: Monitored Local None Make of Alarm (if applicable): _____

PART 3 LIABILITY UNDERWRITING INFORMATION

Hours of Operation: From: _____ to _____ # of days open per week: _____

Total Number of Employees: _____ Full-Time Employees: _____ Part-Time Employees: _____

GROSS RECEIPTS (Liquor receipts should not include beverage mix (pop), cover charge, coat checks, etc. Include in "Other")

	PAST 12 MONTHS	NEXT 12 MONTHS
LIQUOR RECEIPTS	\$	\$
FOOD RECEIPTS	\$	\$
ROOMS	\$	\$
COVER CHARGES	\$	\$
LIQUOR STORE SALES	\$	\$
OTHER (Describe):	\$	\$

Describe the type of food served: _____

ACTIVITIES (check all that apply)

<input type="checkbox"/> Karaoke	<input type="checkbox"/> Disk Jockey	<input type="checkbox"/> Happy Hour Specials
<input type="checkbox"/> Mechanical Bulls	<input type="checkbox"/> Live Music	<input type="checkbox"/> Strippers
<input type="checkbox"/> Movies / Videos	<input type="checkbox"/> Entertainers	<input type="checkbox"/> Singles Night
<input type="checkbox"/> Dart Boards / Video Games	<input type="checkbox"/> Pyrotechnics	<input type="checkbox"/> Athletic Events
<input type="checkbox"/> Pay-Per-View Events / UFC	<input type="checkbox"/> Sports Sponsorship	<input type="checkbox"/> Swimming Pool(s)
<input type="checkbox"/> Pool Table	<input type="checkbox"/> Ladies Night	<input type="checkbox"/> Raves
<input type="checkbox"/> Dance Floor	<input type="checkbox"/> Other: (Describe): _____	

Do you employ Security (Doormen/Bouncers)? Yes No If "Yes", number of Doormen/Bouncers: _____

Are Security (Doormen/Bouncers) employed by you? Yes No Or Sub-Contracted? Yes No

If Sub-Contracted, does the security service have and maintain a liability policy? Yes No

If "Yes" to above, please provide limit of liability: _____

If Sub-Contracted, are you an Additional Insured on their insurance policy? Yes No

Have all security personnel successfully completed security training as per the Provincial Liquor Act? Yes No

Do all security personnel possess valid security licenses? Yes No

Have you installed CCTV / surveillance cameras? Yes No If "Yes", how long is information stored? _____

If "Yes" to above, how many cameras are there (inside / outside premises)? _____

Are all patrons appearing under age required to produce government issued identification? Yes No

Have all of your serving personnel obtained their "Servers" certificate as required by Provincial Act? Yes No

Have all owners, managers obtained the "Managers Service" certificate as required by Provincial Act? Yes No

In what age group are the majority of your customers? Under 25 25 – 30 30 - 50 Over 50

Do you maintain an incident log? Yes No

If "Yes" to above, is the log kept for a minimum of 5 years? Yes No (please provide a copy of this log)

Do you have written policies and procedures regarding the service of alcohol? Yes No (If "Yes", please provide a copy)

STAFFING:

Do you provide regular training and education for your staff members? Yes No

Do you conduct regular staff meetings? Yes No

How often are staff meetings held?	Are all employees required to attend?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you keep minutes or records relating to the minutes in terms of what was discussed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How many employees at your establishment have been employed for more than 2 years?		
Do you currently make use of any patron scanning technology, such as Treoscope?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of the Bar Watch Association?		<input type="checkbox"/> Yes <input type="checkbox"/> No

What steps do you take to lessen or eliminate the impact of organized crime in your establishment? (Please detail below):

Any changes in property or crime limits? Yes No

If "Yes" to above, please advise new limits: _____

PART 4 DECLARATION

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant 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. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant 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 Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully 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, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____	Position: _____
Please print name: _____	Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____	Position: _____
Please print name: _____	Date: _____