

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant: _____
2. Principal: _____
3. Mailing Address of Applicant: _____
4. Risk Location (Legal Address): _____
5. Business Phone: _____ Residence Phone: _____ Cell Phone: _____
6. Email: _____ Fax: _____
7. Loss Payee & Address: _____
8. Additional Insured(s) & Address: _____

SECTION 2: UNDERWRITING INFORMATION

1. Type of Operation: Hotel Restaurant Nightclub Pub Other: _____
 Hotel/Motel with Leased Out Restaurant/Pub/Lounge/Beer & Wine Store
2. Description of Operations:

3. Number of Years in Hospitality Business: _____ Number of Years at Present Location: _____
4. Number of Employees: Full-Time: _____ Part-Time: _____
5. Hours of Operation: Open: _____ days per week
Hours: Weekdays from _____ to _____ Weekends from _____ to _____
6. Principal's Name: _____ Years of Experience: _____
Manager's Name: _____ Years of Experience: _____
7. Class of Liquor License or Permit: Liquor Primary Food Primary Other: _____
Has your liquor permit ever been suspended or revoked during the past 5 years? Yes No
If yes, please explain: _____
8. AREA & CAPACITY:
Seating Capacity: _____
Hotel/Motel – Number of Rooms: _____
Do you have an ATM? Yes No **If yes**, please complete the attached ATM Supplement Form.
9. Number of Swimming Pools, Wading Pools or Hot Tubs: _____
Any waterslides? Yes No
Any lifeguard on duty during pool hours? Yes No

10. FACILITY AMENITIES:

Description	Days per Week	Comments
<input type="checkbox"/> Comedians		
<input type="checkbox"/> Dance Floor (in sq ft)		
<input type="checkbox"/> Disc Jockeys		
<input type="checkbox"/> Live Bands		
<input type="checkbox"/> Dancers (i.e. Strippers/Exotic)		
<input type="checkbox"/> Raves		
<input type="checkbox"/> All Ages Events		
<input type="checkbox"/> Darts		
<input type="checkbox"/> Pool Tables		
<input type="checkbox"/> Arcade Games		No. of Arcade Game Machines:
<input type="checkbox"/> Video Lottery Terminals		No. of VLTs:
<input type="checkbox"/> Mechanical or other devices (i.e. Mechanical bulls, rides, etc.)		
<input type="checkbox"/> Others (ex. Pyrotechnics, etc.). Please describe:		

11. What percentage of your liquor serving personnel have taken the Liquor Server's Course: _____ %
Have all owners, managers and servers taken the Liquor Server's Course? Yes No
12. Do you rent out your premises for special functions? Yes No
If yes, please complete the attached Special Functions Supplement Form.
13. Do you have a cover charge? Yes No
Do you employ door control? Yes No
Do you employ security/bouncers? Yes No
If yes, number of bouncers: _____
If yes, are the bouncers: Employees Sub-Contracted?
Have any bouncers taken the Night Club Security Course? Yes No
Do you link with the Bar Link ID Scanning System? Yes No
Have you installed CCTV/surveillance cameras? Yes No
14. Is ID checked on ALL patrons who could be under age? Yes No
15. Is the Designated Driver Program in use in your establishment and promoted by servers? Yes No
Do you have food and non-alcoholic beverages readily available? Yes No



16. If patrons become intoxicated, how are they handled:

- Alcohol service to patron is stopped and food or non-alcoholic beverages are offered.
- Patrons are asked to leave the premises.
- If unwilling to leave, patrons are forced to leave.
- Other methods, please explain: _____

17. Is transportation arranged for intoxicated patrons who are leaving the premises? Yes No

Is taxi service available to your establishment? Yes No

Will your staff call taxis for patrons? Yes No

Is a taxi phone number readily visible at main exit? Yes No

18. Police were called approximately _____ times during the past 12 months to resolve problems.

19. Do you maintain an incident log? Yes No

If **yes**, how long are the records kept? _____ years

20. ANNUAL GROSS RECEIPTS:

	Last 12 Months	Estimated Next 12 Months
Liquor (On Premises)		
Liquor (Beer & Wine Store)		
Food		
Rooms		
Sublet Receipts		
Rent from Leased Out Restaurants/Bars/etc.		
Other Receipts, please specify:		
Total Receipts:		

Liquor receipts should not include: beverage mix (pop), cover charge, coat check, etc. These should be recorded under "Other Receipts".

21. **ATM Supplement Questionnaire** (please complete if applicable)

Number of ATMs at the risk location: _____

Is the manufacturer UL and/or ULC certified? Yes No

Are the ATMs located away from exterior walls, windows and doors? Yes No

Are the ATMs adequately secured to the floor and/or wall? Yes No

Are the ATMs alarmed? Yes No

Is use of the ATMs limited to business hours? Yes No

Is the ATM owned or leased by the Insured? Owned Leased



22. Special Functions Supplement Questionnaire (please complete if applicable)

Please describe the various special functions (i.e. weddings, banquets, meetings, etc.):

Do you participate in off-premises functions? Yes No

If you rent out the facilities to another party, do you require proof of insurance, adding your Company as an Additional Insured? Yes No

Estimated Annual Number of Rentals/Special Functions: _____

Will your staff be serving at these functions? Yes No

Do you provide your liquor serving staff for these functions? Yes No

SECTION 3: PROPERTY / BUILDING DETAILS

1. Age of Building: _____

2. Storeys: _____ Total Number of Units: _____ Applicant's Square Footage: _____

3. Construction: Frame Fire Resistive Masonry/Non-Combustible

Other: _____

4. BUILDING DETAILS:

	Type	Update Information (if building is over 25 years old)
Electrical	<input type="checkbox"/> Breakers <input type="checkbox"/> Fuses	
Heating		
Roof		
Plumbing		
Sprinklered	<input type="radio"/> Yes <input type="radio"/> No	

5. Distance from: Hydrant: _____ m, Fire Hall _____ km

6. Do you have a fire extinguishing & maintenance contract? Yes No

UL300 Compliant? Yes No

Steam Cleaning Contract (Semi-Annually): Yes No

7. Burglary Protection: Local Alarm Central Monitor Alarm, monitored by: _____

Alarm System: ULC approved Yes No

Dedicated Lines Yes No

Class II Safe or better: Yes No

SECTION 4: COVERAGES

Property: Broad Form Named Perils Form Fire Only Form
 Earthquake Flood Sewer Back-up
 Replacement Cost (Except "Stock") Actual Cash Value

Coverage	Amount
1. Property:	
Building	
Equipment	
Stock	
Tenant Improvements & Betterments	
Customers Goods	
Business Interruption	
<input type="checkbox"/> Gross Earnings, Co-Insurance _____ %	
<input type="checkbox"/> Profits Form	
<input type="checkbox"/> Actual Loss Sustained	
Extra Expenses	
EDP (Electronic Data Processing Form)	
Tool Floater (Please provide a complete list with individual values)	
Contractors Equipment Floater (Please provide a complete list with individual values)	
2. Equipment Breakdown:	
3. Crime:	
Inside/Outside Robbery	
Money (Broad Form)	
Burglary Damage to Building	
Comprehensive Dishonesty, Disappearance and Destruction	
4. Liability:	
Commercial General Liability	
Tenants Legal Liability	
Non-Owned Automobile	
5. Other Coverages Required (Not Listed Above):	



SECTION 5: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: _____ Policy # _____
Expiring Premium: _____ Expiry Date: _____

2. Is the above Insurer offering renewal? Yes No

If yes, renewing premium: _____

If no, please advise why not:

3. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):

4. Effective Date: _____

SECTION 6: OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:

SECTION 7: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____ Brokerage Name: _____
Email: _____ Address: _____
Phone: _____ City / Province: _____
Fax: _____ Postal Code: _____

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