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## HOSPITALITY RENEWAL QUESTIONNAIRE

<b>Insured's Name</b>				
<b>Renewal Date</b>				<b>Policy #</b>
<b>Description of Operations &amp; any comments that may affect Renewal (i.e. change of operations)</b>				
<b>Current Receipts</b>	<b>Food</b>	<b>Liquor</b>	<b>Cover Charge</b>	<b>Other:</b> (specify):
	\$	\$	\$	\$

Number of Employees:	Full Time:		Part Time:
Hours of Operation:			Days of Operation:
Licensed Seating Capacity:	Internal:		Patio:
Pool Tables:	Yes <input type="checkbox"/>	No <input type="checkbox"/> #	
Dance Floor:	Yes <input type="checkbox"/>	No <input type="checkbox"/> #	Total Area (sq. ft.):
Disc Jockey:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency:
Rave / All Ages Event:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency:
Room Rentals:	Yes <input type="checkbox"/>	No <input type="checkbox"/> #	
Bouncers:	Yes <input type="checkbox"/>	No <input type="checkbox"/> #	Male:                  Female:
Arcade Games:	Yes <input type="checkbox"/>	No <input type="checkbox"/> #	
Mechanical Amusement Devices:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, describe			

**Describe the following in detail:**

Entertainment	
Sporting Activities	
Off Site Activities	
Has the Insured's liquor permit been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, details:	
Is the Insured also the Building Owner? (whether building coverage is requested or not) Yes <input type="checkbox"/> No <input type="checkbox"/>	
In this risk location, is there any occupancy by others? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details below	
Does the Insured offer Food Delivery Service? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the staff taken the S.M.A.R.T. Program or equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there set procedures for handling intoxicated patrons? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are these procedures posted for staff members? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is an Occurrence Log kept of all incidents? Yes <input type="checkbox"/> No <input type="checkbox"/> For how long? _____	
Are all washrooms inspected on a regular basis during business hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is a contractor hired to perform snow removal operations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If a contractor has been hired, has a Certificate of Insurance been requested? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other – Additional Hazards (including neighboring exposures):	

Date: \_\_\_\_\_

Broker Signature \_\_\_\_\_

**Please Note:**

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.