



**Anderson
McTague
& ASSOCIATES**

Extra Strength Underwriting.

154 Prince William St.
PO Box 1500
Saint John NB, E2L 4K3
Canada

Licensed Premises Application

GENERAL SECTION

Brokerage Name: _____

Broker Contact _____ Broker Tel: _____ Broker Fax: _____

Operating name: (please print): _____

Principals name(s): _____ Phone Number: _____

Risk address: _____ Postal Code: _____

Mailing Address: _____ Postal Code: _____

Insured's Web site Address: _____

Insured is: Owner Tenant Landlord's Name

Description of operations (check appropriate box):

Pub/sports Bar: Restaurant: Night Club:

Private Club: Hotel/ Motel: Adult Entertainment:

Others: Occ. of Others: # of Room rentals:

If checked "Private Club" or "Others" please provide a list of activities and attach to application.

Revenues: _____

Liquor: _____ Food: _____ Other (Please Specify): _____

Name and address of mortgages:

1. _____

2. _____

Is this new business to your office: Yes No

Existing Insurer: _____ Expiry date: _____

Expiring Premium: _____ Policy #: _____

Target Premium:

Will they renew: Yes No Reason for non-renewal: _____

Has the insurance been cancelled / declined insurance (including broiler) Yes No

(If yes, please attach details)

Previous Losses: Yes ___ No ___
(5 years – please attach full details, date, reserve, cause, class, open/closed, etc.)

Liability: _____

Other: _____

Number of years the insured has been in business at this location: _____

Prior operating experience / number of years at other locations: _____

Is the business a seasonal operation? Yes ___ No ___

If at other locations, name and address of locations to enable an experience credit to be applied: _____

Have you incurred any provincial liquor control board violations and/
or suspensions in the past 5 years? Yes ___ No ___

Has the liquor permit been suspended or revoked during the past 5 years? Yes ___ No ___

If yes, provide details: _____

Does the insured engage in rental of location for special functions (i.e. weddings, banquets, etc): _____

Other additional exposures: _____

(1) Are your customers subjected to a metal detector upon entry to your premises: Yes ___ No ___

(2) All ages/under age raves and events: Yes ___ No ___

(3) Pyrotechnics: Yes ___ No ___

(4) Mechanical Bulls: Yes ___ No ___

How many stairwells lead to/from the establishment: _____

How many fire exits are available to customers: _____

Hours of Operation: From: _____ To: _____ # Days Open: _____

Security Personnel / Bouncers: In-house _____ Sub-contracted _____ # Of security personnel _____

How are patrons evicted from premises: _____

Under what circumstances are patrons called: _____

Is the I.D. checked on all patrons that could potentially be underage: Yes ___ No ___

If a customer becomes intoxicated, how are they handled: _____

Service of alcohol stopped: Yes ___ No ___ Will staff contact a taxi? Yes ___ No ___

Taxi / Public phone in the premises with phone number: Yes ___ No ___

Is public transport readily available: Yes ___ No ___

Is there a designated driver program in place? Yes ___ No ___

If yes, describe: _____

Other measures taken: _____

Do you have valet parking? Yes ___ No ___

Have managers/servers taken S.M.A.R.T. program or equivalent: Yes ___ No ___

Does your establishment have a staff training program? Yes ___ No ___

Are all employees covered by workers compensation? Yes ___ No ___

Have you ever had any food or health violations? Yes ___ No ___

If yes, please explain: _____

Do you maintain an incident log? Yes ___ No ___

Do you contract out maintenance work? (ie. snow clearing) Yes ___ No ___

If yes, provide details: _____

Recreational or entertainment Facilities provided: _____

Description

Comedy Nights per week _____

Dance floor Nights per week _____ Dance Floor Sq.Ft :

Disc Jockeys Nights per week _____

Exotic Dancers Nights per week _____

Karaoke Nights per week _____

Live Band Nights per week _____ Types of music:

Special Events Nights per week _____

Others Nights per week _____ Please provide additional information:

Cover charge Average per person _____

Limit of Liability required:

\$1,000,000

\$2,000,000

\$3,000,000

\$5,000,000

	Form	Coins.	Ded.	Limit Required	Target Premium
Property: Building					
Stock					
Equipment					
Profits					
Gross Earnings					
Extra Expense					
Rental Income					
Ext. Glass					
Detached Sign					
E.D.P.					
Cons. Loss					
Other					
Crime B F M & S					
Inside & Outside					
Emp. Dishonesty					
Liability:					
Commercial General Liab.	Occ/Agg				
Tenants Legal	Broad				
Non-owned Auto					

Note: Target premium is not a quote or a required field, always base an estimate on our minimum and/or increase of previous years premium. Claims/Financials/Inspections will be a factor in the underwriters decisions on premium/deductible requirements to quote.

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of this Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Signature of the Insured

Date

Signature of the Broker

Date

Witness

Date

Note: Failure to complete this form in full on New Business submissions and Renewal quotes prior to expiry of current policy will result in non-renewal and a lapse of policy from coverholder. Information contained herein may be forwarded for further acceptance from lead underwriters for final decision on quote.