

**BROKER INFORMATION**

Broker Name:	Contact Person:	Tel:
Name of company (Full legal name):		
Mailing address:	Postal Code:	
Risk Location Address:	Postal Code:	
Name of Principals:		
Website (if applicable):		
Number of Years in Business:	Number of Years at This Location	Number of Years Owned by Current Owner:
Is the Owner involved in the day-to-day management of the establishment?	Yes	No
Desired Effective Date:	Existing Insurer:	Policy Number:
Expiring Premium: \$	Target Premium: \$	Last date you inspected risk:
Has and insurer cancelled, declined, or refused your coverage?	Yes	No
If "Yes" to above, please provide details:		
Number of Risks (Hospitality) Owned:		
Description of Operations (check the appropriate box):		
<input type="checkbox"/> Pub/Sports Bar <input type="checkbox"/> Restaurant <input type="checkbox"/> Fine Dining <input type="checkbox"/> Neighbourhood Pub <input type="checkbox"/> Beer/Liquor Store <input type="checkbox"/> Other (please describe):	<input type="checkbox"/> Night Club <input type="checkbox"/> Adult Entertainment/Exotic Dancing <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Resort <input type="checkbox"/> Private Club	<input type="checkbox"/> Casino Operation <input type="checkbox"/> Casual Dining (Take Out) <input type="checkbox"/> Rental of Rooms <input type="checkbox"/> Bowling Alley
Please describe in detail the nature of the Applicant's operations:		
Name and Address of Mortgagees and Lease Holders:		
Describe any insured and uninsured losses having occurred in the past 5 years and state the value of each loss, before the deductible (if any) was applied:		

**PROPERTY UNDERWRITING INFORMATION**

<b>Fire Resistive</b>	(Walls, floors, roof and supports of solid masonry)
<b>Masonry, Non-Combustible</b>	(Walls of masonry; floors and roof of masonry or engineered non-combustible materials,

	supported by protected steel)	
<b>Non-Combustible</b>	(Walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)	
<b>Masonry (Including Mill)</b>	(Walls of <b>greater</b> than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected materials)	
<b>Masonry Veneer</b>	(Walls of <b>less</b> than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)	
<b>Frame</b>	(Walls, floors and roof of combustible materials, supported by wood or other combustible or susceptible material)	
<b>Other (please describe):</b>		
Distance to responding Fire Department:	Distance to Hydrant:	
Other Occupancies (1 <sup>st</sup> floor):	2 <sup>nd</sup> Floor:	3 <sup>rd</sup> Floor and above:
Year Building Built:	If over 30 years old, have there been any updates to the building? (Please describe below):	
List dates when following were updated (if applicable):		
Heating:	Plumbing:	Electrical: Roof:
Adjacent Exposures:	Roof Construction:	
Height of Building:	Heating Type:	General Housekeeping:
Total Building Sq. Ft:	Applicant's Sq. Ft:	Building Sprinklered: Yes No 100%
Is there an alarm connected for fire detection?	Yes No	If yes, is it monitored? Yes No
Is the kitchen equipped with:	Deep Fat Fryer	Grill (Hot Plate)
Is there a ULC Automatic Fire Extinguishing system (if applicable)?	Yes	No
Is there a six month maintenance contract in effect?	Yes	No Date of last inspection:

### CRIME UNDERWRITING INFORMATION

<b>Burglary Alarm System:</b>	Monitored	Local	None	Make of Alarm (if applicable):
<b>Monitoring company:</b>				
<b>Safe Make:</b>	Safe Class:	Safe Dimensions:		
<b>Frequency of Bank Deposits?</b>	Deposited by whom?			
<b>Bars on Windows?</b>	Yes	No	Deadbolt on Doors?	Yes No If No, please explain below:

### LIABILITY UNDERWRITING INFORMATION

Licensed Capacity for described operations:		
Hours of Operation:	From:	To: # of days open per week:
Total Number of Employees:	Full-Time Employees:	Part-Time Employees:
<b>Gross Receipts</b> (Liquor receipts should not include beverage mix (pop), cover charge, coat check, 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:		
Does the Applicant rent out the location for special functions (i.e. weddings, banquets, etc.)		
Yes	No	
If Yes, to the above, please provide a copy of the rental agreement) Does the Applicant require proof of insurance?		
Yes	No	
<b>Activities ( Check all that apply)</b>		
Karaoke	Disk Jockey	Happy Hour Specials
Mechanical Bulls	Live Music	Strippers
Movies/Videos	Entertainers	Single Night
Dart Boards/ Video Games	Pyrotechnics	Athletic Events
Pay-Per-View Events/ UFC	Sports Sponsorship	Swimming Pool(s)
Pool Table	Ladies Night	Raves
Dance Floor	Other (Describe):	
How many stairwells lead to/from the establishment?		
Stairs to Toilets?	Yes	No
How many fire exits are available to Customers?		
Percentage of Customers within walking distance from your premises?		
%		
Is Public Transportation readily available?		
Yes No		
Do you have valet parking?		
Yes	No	
Do you employ Security (Doormen/Bouncers)?		
Yes	No	If yes, number of Doormen/Bouncers:
Are Security (Doormen/Bouncers) employed by you?		
Yes	No	Or Subcontracted? 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 posses 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		
Has the establishment been cited for any infraction by the Liquor Control & Licensing Board during the past five years?		
Yes No		
If yes to above, please provide details regarding the nature of the infraction below:		
Has the Liquor Control & Licensing Board required you to attend any administrative or tribunal hearings during the past 5 years?		
Yes No		
If yes to above, please provide the date(s) and details on the nature of the hearing(s) below:		
Has your liquor permit ever been suspended or revoked in the past 5 years?		
Yes No If yes, please explain below:		
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		
Is there a 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			
Is there a taxi / public phone in the premises with phone number?	Yes	No			
Is taxi service available to your establishment?	Yes	No			
Will your staff call taxis for patrons?	Yes	No			
Does your establishment offer to pay for taxi vouchers?	Yes	No			
In what age group are the majority of your customers?	Under 25	25-30	30-50	Over 50	
If patron becomes visibly intoxicated:					
Alcohol service to patron is immediately stopped and food and non-alcoholic beverages offered					
Patron is asked to leave the premises					
If unwilling to leave, patron is peacefully ejected with appropriate steps to ensure patron arrives home safely					
Other methods (please explain below):					
Do you maintain an incident log?	Yes	No			
If "Yes" to above, is the log kept for a minimum of 5 years?	Yes	No	<i>(please provide a copy of this log)</i>		
Do you have written policies and procedures regarding the service of alcohol?	Yes	No	<i>(If "Yes", please provide a copy)</i>		
How many points of alcohol service do you have?					
Do you provide roaming "shooter service"?					
Do you operate any points of alcohol service that are cash only?	Yes	No			
Are there occasions when alcohol is served or purchased from non-permanent points of sale (i.e. Beer Barrel service)?	Yes	No			
If "Yes" to above, when and how?					
<b>STAFFING:</b>					
Do you provide regular training and education for your staff members?					
Do you conduct regular staff meetings?					
How often are staff meetings held?	Are all employees required to attend)?			Yes	No
Do you keep minutes or records relating to the minutes in terms of what was discussed?					
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?					
What steps do you take to lessen or eliminate the impact of organized crime in your establishment? (please detail below):					

COVERAGE REQUIREMENT (PER LOCATION)	
PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	\$
Equipment (Including Tenants Improvements)	\$
Stock	\$
Transit	\$

Business Interruption:	Profits (100% Co-Insurance)	\$
	Gross Earnings (80% Co-Insurance)	\$
	Monthly Earnings	\$
Other:		\$
Rental Income		\$
Extra Expense		\$
Office Contents		\$
Computer (Hardware / Software)		\$
Miscellaneous Property Floater		\$
Other:		\$
Other:		\$
CRIME COVERAGES		AMOUNT OF INSURANCE
Inside and Outside Robbery		\$
Comprehensive 3D Coverage:	Employee Dishonesty – Form A	\$
	Employee Dishonesty – Form B	\$
	Loss Inside Premises	\$
	Loss Outside Premises	\$
	Money Orders Coverage	\$
	Deposit Forgery Coverage	\$
Other:		\$
LIABILITY COVERAGE		AMOUNT OF INSURANCE
Bodily Injury & Property Damage – per occurrence		\$
Products & Completed Operations – aggregate limit		\$
Personal Injury Liability – per occurrence		\$
Non-Owned Automobile Liability – per occurrence		\$
Tenants Legal Liability		\$
Advertising Liability		\$
Other:		\$
Other:		\$
<b>OPTIONAL COVERAGES</b> (select any of the following optional coverages you require)		
Sewer Back-Up	Replacement Cost	Property Extension Endorsement
Flood	By-Laws	Comprehensive Property Extension End't
Earthquake	Other:	

## 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?

Applicant's Signature:

Position:

Please print name:

Date:

Providing detailed information and submission of all documents requested will increase our efficiency and ability to obtain the most favourable terms. When available, please provide the following documents:

- 1) Photos of the building (inside and out)
- 2) Copy of any recent loss control / appraisal report
- 3) Copy of Rental Agreement (if applicable)
- 4) Copy of Incident Log (if applicable)
- 5) Copy of Policies and Procedures regarding service of alcohol (if applicable)