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## HOSPITALITY APPLICATION FORM

<b>Name of Applicant/Company:</b>		<b>Broker:</b>
<b>Mailing Address:</b>		
<b>Risk Location:</b>		
<b>Principal of Applicant/Company:</b>		<b>Website Address:</b>
<b>Telephone:</b>	<b>Contact Person:</b>	<b>Date of Incorporation:</b>
<b>Period of Insurance:</b>	From: _____ To: _____	<b>at 12.01 a.m. Standard Time</b>
<b>Loss Payee(s) if any:</b>		
<b>Additional Insured:</b>		

### UNDERWRITING INFORMATION

<b>Applicant's Occupancy &amp; Operation:</b>	Restaurant _____	Pub _____	Bar/Tavern _____
	Lounge _____	Legion _____	Private Club _____
	Night Club _____	Strip Club _____	Banquet Hall _____
	Other (explain): _____		
	<b>Other Occupancies in the Building:</b>		
<b>Number of Years in Business:</b>		<b>At Current Location:</b>	
<b>Prior operating experience / Number of years at other locations:</b>			
<b>Number of Employees:</b>		<b>Estimated Annual Wages: \$</b>	
<b>Previous Losses (3 Years):</b> Yes No		<b>If yes, please describe:</b>	
<b>Claim Details</b>		<b>Claim Date</b>	<b>Paid Out / Reserve Amount, Open/Closed</b>
<b>Measures taken to prevent further losses:</b>			
<b>Are you aware of any incidents that may result in a claim?</b> Yes No			
<b>If yes, please describe:</b>			
<b>Previous Insurer:</b>		<b>Policy No:</b>	<b>Expiry Date:</b>
<b>Renewal Offered?</b> Yes No <b>Reason:</b>		<b>Expiry Premium: \$</b>	<b>Target Premium: \$</b>
<b>Has any Insurer cancelled or declined insurance during the past 5 years:</b> Yes No			
<b>If yes, please describe:</b>			

**PROPERTY DETAILS**

<b>No. of Stories:</b>		<b>Area: Sq. Ft</b>		<b>Age/Year Built:</b>	
<b>Construction: Wall:</b>		<b>Floor:</b>		<b>Roof:</b>	
<b>Renovation Upgrade:</b>			<b>Sprinklered:</b> Yes % No		
<b>Electrical:</b> Fuses Breaker Amp: Knob& Tube / Aluminum / Copper			Year completed:		Full Partial %
<b>Plumbing:</b> Copper % Plastic % Galvanize %			Year completed:		Full Partial %
<b>Heating:</b> Gas Electric Oil Wood Stove Others:			Year completed:		Full Partial %
<b>Roof:</b> Wood Asphalt Shingles Concrete Metal Others:			Year completed:		Full Partial %
<b>Burglary Alarm:</b> None Local Monitored <b>If monitored, by whom:</b>					
<b>Bars on Windows:</b> Yes No		<b>Deadbolt on Doors:</b> Yes No		<b>Perimeter Lighting:</b> Yes No <b>3<sup>rd</sup> Party Security:</b> Yes No	
<b>Fire Alarm:</b> None Local Monitored <b>If monitored, by whom:</b>				<b>Smoke Detectors:</b> Yes No	
<b>Number of Portable Extinguishers:</b>		<b>Type?</b>		<b>Date Last Serviced?</b>	
<b>Public Fire Protection:</b> Within 300M of Hydrants: Yes No			Within 8Km of Fire Hall: Yes No		
<b>Is Kitchen equipped with</b>		<b>Deep Fat Fryer:</b> Yes No		<b>Grill:</b> Yes No	
<b>ULC1254.6 Wet Chemical System in Cooking Area?</b> Yes No			6 Month Maintenance Contract? Yes No		
6 Month Maintenance Contract for <b>Duct Steam Cleaning?</b> Yes No					

**LIABILITY SURVEY OF HAZARDS (if CGL is required)**

<b>What is your establishments total sales figures (broken down as follows): \$</b>			
	<b>Food</b>	<b>Alcohol</b>	<b>Rooms</b>
Actual Last 12 Months			
Estimate Next 12 Months			
Other Income Estimates	Source:		Receipts:
Are any of the above premises leased or rented in their entirety to others who control and operate the premises?			
Gross Annual Sales: \$			
<b>Cost of Work Sub-Let:</b>			
- Are sub-contractors required to carry liability insurance?			Yes No
- Do you ask sub-contractors to submit liability certificates?			Yes No
- Do you enter into formal contractual agreements with your sub-contractor(s)?			Yes No
If yes, do you include a Hold Harmless clause in your favour? Submit a copy of usual form.			Yes No
<b>Tenants Legal Liability</b>			
- Location of Premises:			
- Amount to be Insured:			
- Is there a lease agreement? (If yes, attach copy)			Yes No
<b>Other information:</b>			

**HOSPITALITY SPECIFIC QUESTIONS:**

Licensed Capacity:			
Roof Top Patio:	Ground Level Patio:	Other:	
Gross Receipts:	Food:	Liquor:	Other:
Describe Other:			
Hours of Operation:			
Security Personnel/Bouncers:	In-house:	Sub-contracted:	
How are patrons evicted from premises, if required to do so?			
Under what circumstances are police called?			
Is I.D. checked on all patrons that could potentially be underage?			
If a customer becomes intoxicated, how are they handled?			
Is service of alcohol stopped?	Will staff call a taxi?		
Have managers/servers taken S.M.A.R.T. program or equivalent?			
Experience of owner/management in hospitality:                      years			
Is there a staff training program?			
Any previous food or health violations?			
Is there a Designated Driver Program in place at the establishment?			
Are all security staff registered under Private Security and Investigative Services Act 2005 (PSISA)?			
Is fire suppression system ULC1254.6 compliant?			
Is fire suppression system maintained at least every 6 months? What date was the last one?			
Copy of invoice/contract or service tags to be attached to this inspection/questionnaire.			
Name of contractor:		Phone number:	
Is duct steam cleaned at least every 6 months? What date was the last one?			
Copy of invoice/contract to be attached to this inspection/questionnaire.			
Name of contractor:		Phone number:	
Any other information:			

**COVERAGES AND LIMITS**

COVERAGES	AMOUNT / LIMIT	COVERAGES	AMOUNT / LIMIT
<b>PROPERTY</b>			
Building	\$	Other (Specify)	\$
Contents	\$		\$
Equipment	\$		\$
Stock	\$		\$
Broad Form    Yes    No	RC (Except Stock)    Yes    No		Deductible: \$
Limited Form        Yes    No	ACV    Yes    No		Others:

<b>BUSINESS INTERRUPTION</b>			
Gross Earnings Form		Other (Specify)	
Rental Value Form			
Deductible: \$			

<b>EQUIPMENT BREAKDOWN</b>	\$		Deductible: \$

<b>CRIME</b>			
In/Out Robbery	\$	Other (Specify)	\$
Damage to Premises	\$		\$
Deductible: \$			

<b>LIABILITY</b>			
Comprehensive General Liability	\$	Other (Specify)	\$
Tenants Legal Liability	\$		\$
Products Completed Operation	\$		\$
Non-owned Automobile	\$		\$
Owners', Landlords' & Tenants' Liability	\$		\$
Deductible: \$			

Broker Questionnaire: Is this Business new to your office?    Yes    No
If no, how long have you known the applicant?
Have you seen this property?    Yes    No    If yes, when?                          Condition?

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my

broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Date:	Signature of Broker:	Signature of Applicant:
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