**GENERAL INFORMATION**

|  |  |
| --- | --- |
| Brokerage Name and Location: |       |
| Broker/Producer Name: |       |
| Named Insured: |       |
| Principal’s Name(s): |       |
| Mailing Address: |       |
| Business / Risk Address: |       |
| Phone Number: |       |
| Email Address: |       |
| Website: |       |

**PRIOR INSURANCE**

1. Existing Insurer:      Expiry Date:      Premium: $
2. Excess Limit Required:
3. Has any carrier cancelled, declined or refused coverage in the past 3 years? [ ]  Yes [ ]  No

If yes, please provide details:

1. Five (5) Year Claim History (Please include all Primary Liability and Umbrella claims:*(If you require more space than provided, please attached a separate sheet listing all other claims)*

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | OPEN OR CLOSED | DETAILS | PAID/RESERVED |
|  |       |       | $      |
|  |       |       | $      |

**BUSINESS OPERATIONS**

1. Description of Operations:
2. Revenue:

|  |  |
| --- | --- |
| **LAST YEAR ACTUAL RECEIPTS** | **ESTIMATED RECEIPTS FOR THIS YEAR** |
| Total Gross Receipts | $      | Total Gross Receipts | $      |
| Food Receipts | $      | Food Receipts | $      |
| Liquor (On Premise) Receipts | $      | Liquor (on Premises) Receipts | $      |
| Liquor (Off Premises/Vendor) Receipts | $      | Liquor (Off Premises/Vendor) Receipts | $      |
| VLT Receipts | $      | VLT Receipts | $      |
| Room Receipts | $      | Room Receipts | $      |
| Other Receipts | $      | Other Receipts | $      |
| Please Specify What is Included in Other Receipts:      | Please Specify What is Included in Other Receipts:      |
| **Canadian** |      %  | **USA** |      % | **Foreign** |      % |

1. Years of experience in hospitality related industry:
2. Is there always an owner or manager on duty during business hours? [ ]  Yes [ ]  No
3. Have managers/servers taken S.M.A.R.T. program or equivalent? [ ]  Yes [ ]  No
4. Does your establishment have a staff-training program? [ ]  Yes [ ]  No
5. Are all employees covered by workers compensation? [ ]  Yes [ ]  No
6. Is a contractor hired to perform snow removal and salting operations? [ ]  Yes [ ]  No

If yes, do you obtain a Certificate of Insurance? [ ]  Yes [ ]  No

1. Do you rent/lease/allow the location to be used for special functions (i.e. weddings, banquets, stages, etc.)
 [ ]  Yes [ ]  No
If yes, please describe in detail:

1. Do you have any all-age events or Raves? [ ]  Yes [ ]  No
If yes, please describe in detail:

1. Do you provide offsite activities: [ ]  Yes [ ]  No
If yes, please describe in detail:

1. Do you provide any activities or charters to U.S.A? [ ]  Yes [ ]  No
If yes, please describe in detail:

1. Does your establishment offer any of the following?

|  |  |
| --- | --- |
| Room Rentals | [ ]  Yes [ ]  No No. of Rooms:       |
| Swimming Pool | [ ]  Yes [ ]  No If yes, please advise risk management that is in place:       |
| VLT’s | [ ]  Yes [ ]  No No. of VLT’s:      |
| Pool Tables | [ ]  Yes [ ]  No No. of Tables:        |
| Darts | [ ]  Yes [ ]  No No. of Boards:       |
| Dance Floor | [ ]  Yes [ ]  No Total Area (sq. ft.):       If yes, which days is it in use?      |
| Disc Jockey | [ ]  Yes [ ]  No If yes, which days of the week is there typically a DJ?        |
| Entertainment | [ ]  Yes [ ]  No If yes, please describe:        |
| Dancers and/or Performers | [ ]  Yes [ ]  No If yes, please describe:         |
| Arcade or Video Games | [ ]  Yes [ ]  No No. of Games:        |
| Mechanical Amusement Devices or Rides | [ ]  Yes [ ]  No If yes, please describe:         |
| Other? | [ ]  Yes [ ]  No If yes, please describe:        |

**UNDERLYING INSURANCE POLICY INFORMATION**

1. Pls complete the following *(****Insurer, limits and premium*** *required to quote and rest required at time of bind)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Insurer** | **Policy No.** | **Effective Date**  | **Expiry****Date** | **Limits - Per Occurrence** | **Limits - Aggregate** | **Ded**  | **Annual Premium** |
| Commercial General Liability: |
|       |       |       |       |       |       |       |       |
| Non-Owned Auto: |
|       |       |       |       |       |       |       |       |
| Employer's Liability: |
|       |       |       |       |       |       |       |       |
| Tenant's Legal Liability: |
|       |       |       |       |       |       |       |       |
| Other: |
|       |       |       |       |       |       |       |       |

1. Does the underlying policy have the following?

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit** | **Aggregate Limit** |
| Occurrence Property Damage [ ]  Yes [ ]  No  | $      | $      |
| Personal & Advertising Injury [ ]  Yes [ ]  No  | $      | $      |
| Products/Complete Operations [ ]  Yes [ ]  No  | $      | $      |
| Forcible Ejection Liability [ ]  Yes [ ]  No  | $      | $      |
| Innkeepers Liability [ ]  Yes [ ]  No  | $      | $      |
| Blanket Contractual Liability [ ]  Yes [ ]  No  | $      | $      |
| A reduced limit of liability for any exposure? [ ]  Yes [ ]  No If yes, please provide details:      | $      | $      |

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 that this information shall only be used or shared by the Company 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.

|  |  |  |
| --- | --- | --- |
| ­­­Broker Signature:  | Date Signed: | Title: |
|  |       |       |
| Applicant Signature: | Date Signed:  | Title: |
|  |       |       |