



**COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION.  
 PLEASE REFER TO PAGE 9 FOR DETAILS ON OUR PRIVACY POLICY.**

## HOSPITALITY NEW APPLICATION

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.										
Brokerage Name:					City:					
Contact Name:					Tel#					
Email:										
Are you the broker on record:			<input type="checkbox"/>	No		<input type="checkbox"/>	Yes, how many years:			
Name of Applicant:										
Operating Name:										
Website address:										
Mailing Address:										
Risk Location:		<input type="checkbox"/>	As above, or:							
Insured is:										
		<input type="checkbox"/>	Owner			<input type="checkbox"/>	Tenant			
Landlord's Name & Address:										
Occupancy of others:		<input type="checkbox"/>	No		<input type="checkbox"/>	Yes, Details:				
Loss Payee / Mortgagee / Additional Insured (Indicate and Include Address Below):										
1.										
2.										
Number of years in business at this location and with current ownership:										
New venture within the last 7 years?:			<input type="checkbox"/>	No		<input type="checkbox"/>	Yes, Prior experience in the Hospitality Industry:			
Name of Principal:										
Name of Location of Establishment:										
Dates:		From:		To:		From:		To:		
Total # of years:										

Claims Experience		Any incidents, losses or claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Loss	Details of Loss	Amount Paid/Reserved	Open/Closed	

If Previous Losses/Claims Have Occurred, Please Advise the Steps Taken to Prevent a Re-occurrence?:

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### Insurance Experience

Current Insurer:		Exp Date:		Exp CGL Premium:	
CGL Limit:		Liquor Liability Limit:		Deductible:	
Renewal offered?:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No, Details:	

### Full Insurance History – Going back at least 5 years and covering all operations

Insurer:		Exp Date:		Coverage:	
Insurer:		Exp Date:		Coverage:	
Insurer:		Exp Date:		Coverage:	
Insurer:		Exp Date:		Coverage:	
Insurer:		Exp Date:		Coverage:	

### Gross Revenue Breakdown

	Actual Gross Revenue past 12 months:	Projected Gross Revenue next 12 months:
Liquor Sales:	\$	\$
Food Sales:	\$	\$
Hall Rental Receipts:	\$	\$
VLTs:	\$	\$
Cover:	\$	\$
Liquor Store:	\$	\$
Merchandise:	\$	\$
Other; describe:	\$	\$
<b>Total Receipts:</b>	\$	\$

**Section 1: Liability - Description of Operations (check all that apply):**

<input type="checkbox"/>	Building Owner	<input type="checkbox"/>	Pub	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Night Club	<input type="checkbox"/>	Private Club
<input type="checkbox"/>	Lounge	<input type="checkbox"/>	Sports Bar	<input type="checkbox"/>	Brew Pub	<input type="checkbox"/>	Licensed Hotel	<input type="checkbox"/>	Legion
<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	Banquet Hall	<input type="checkbox"/>	Wedding Venue	<input type="checkbox"/>	Bowling Alley	<input type="checkbox"/>	Hookah or Shisha
<input type="checkbox"/>	Golf Course	<input type="checkbox"/>	Golf Simulation	<input type="checkbox"/>	Concert Hall or Live Entertainment Venue			<input type="checkbox"/>	
<input type="checkbox"/>	Beer or Liquor Store	<input type="checkbox"/>	Karaoke (Open format)	<input type="checkbox"/>	Karaoke - KTV (Private Rooms)	<input type="checkbox"/>	Adult Entertainment	<input type="checkbox"/>	

**Describe in Detail the Nature of the Applicants Operations and/or Group:**

Activities:

<b>Licensed Capacity</b>	<b>Internal</b>		<b>Patio</b>	
<b>Hours of Operation</b>	<b>From</b>		<b>To</b>	
<b>Days of Operation</b>	<b>From</b>		<b>To</b>	
<b>Is the kitchen open until closing?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>If No, what food options are available for patrons?</b>				
<b>Is this a seasonal operation?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>If yes, provide full details:</b>				
<b>Any Catering or Off-premises Events?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

**If yes, Hospitality Catering/Off-premises Events Supplement required to be completed**

<b>Does the Insured offer food deliver service? (other than through 3<sup>rd</sup> party services such as Uber Eats or Skip the Dishes)</b>				<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>		
<b>If Hotel/Motel</b>	<b>Number of rented rooms:</b>		<b>Are Rooms Government subsidized?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>		
<b>How are rooms rented? Check all that apply</b>			<input type="checkbox"/>	<b>Daily</b>	<input type="checkbox"/>	<b>Weekly</b>	<input type="checkbox"/>	<b>Monthly</b>	
<b>Other, please describe:</b>									
<b>Do rental rooms have cooking equipment?</b>			<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Yes, Details:</b>			
<b>Does the Insured Engage in Rental of Location for Special Functions?: (For Which the Insured Does Not Serve Food and Liquor)</b>						<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>If Yes, please describe:</b>									
<b>Does the Insured Have a Written Agreement in Place With the Renters? If Yes, please attach a copy</b>						<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

Description of Activities					
Pool tables	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Number:
Video Lottery Terminals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Number:
Dance Floor / Standing Space	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Square feet:
Is this a designated dance floor	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are drinks allowed on the dance floor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	How is it monitored:
Disc Jockey	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Nights/week: Type:
Live Bands	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Nights/week: Type:
Karaoke (open format)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Nights/week: Type:
Rave or All age Events	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Nights/week: Type:
Burlesque or Drag Shows	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Nights/week: Type:
Exotic Dancers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Nights/week: Type:
Comedy Club	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Nights/week: Type:
Other Entertainment Describe:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Nights/week: Type:
Cover Charge	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Average per person:
Happy Hour	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Days: Hours:
Mechanical Amusement Devices including mechanical bulls	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Number:
Use of bubbles, foam or dry ice	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Details and how often:
Sporting activities or Special Events	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Details:
Pyrotechnics or Special Lighting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Details:

Staffing							
Number of Employees:		Managers:		Full-time:		Part-time:	
What checks are performed on prospective employees?	<input type="checkbox"/> Reference		<input type="checkbox"/> Criminal		<input type="checkbox"/> Credit		
Is the Owner Involved in the Day-to-Day Management of the Establishment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If No, please provide details							
Have All Managers/Servers Taken the Provincial Server Program or Equivalent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
and Are Your New Employees Required to Take the Course Before Working?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Does the Establishment Have a Staff Training Program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If Yes, please provide details							
Do you maintain an Incident Log?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
How long is the log kept?							
Who maintains the log?							

Security					
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, then <input type="checkbox"/> In house <input type="checkbox"/> Sub-contracted					
If Sub-contracted:		Company name: _____			
Is proof of liability insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Bouncers (Authorized to Forcibly Eject)		Number of Bouncers:		Nights/week:	
Door Control (Check identification, count heads; No Authority to Eject)		Number of Door Control:		Nights/week:	
What Are the Set Procedures for Handling Intoxicated Patrons and Who Would be Barred From the Premises?:					
Are Police called to handle intoxicated patrons who resist the invitation to leave?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many times in the last 12 months?		Will staff contact a tax?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Risk Management							
If there is stair access to public restrooms do they have all measures in place (handrails, non-slip stairs) to avoid slip and fall?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are all restrooms inspected on a regular basis during business hours?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If there is a large dance floor is there a plastic cup rule in effect?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you employ staff to specifically collect empty glasses and bottles?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is there a public phone on premises with a taxi phone number?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is public transport readily available?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is there a designated driver program in place, is it promoted by servers (for example, free non-alcohol drinks to the one in a group who declares they are the designated driver)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is a contractor hired to remove snow from the insured's property with a certificate of insurance provided? If not, advise details to why not:			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has the Insured had any food or health violations?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has the liquor permit ever been revoked or suspended?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, provide details:		_____					
**** Please note that after completing this application further details of risk management may be requested depending on your type of operation							
Are there Procedures in place covering:							
Handling Broken glassware		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleaning of Spillage		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Slip, Trip and Falls		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provision of First Aid		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Have Written Policies and Procedures Regarding Service of Alcohol and Are They Posted for All Staff Members?:				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, then <input type="checkbox"/> In house <input type="checkbox"/> Sub-contracted							

Section 2: Crime – only complete if Crime coverage is required													
Coverage						Limit			Deductible				
Employee Dishonesty													
Loss Inside Premises													
Loss Outside Premises													
Money Orders & Counterfeit Paper Currency													
Depositors Forgery													
Credit Card Forgery													
Provide details of all losses or claims under the above coverages within the last 5 years									<input type="checkbox"/> None				
Date of Loss		Details of Loss				Amount Paid/Reserved			Open/Closed				
Burglar Alarm – Percentage of Premises Alarmed					%	<input type="checkbox"/> Central Station Monitored			<input type="checkbox"/> Local		<input type="checkbox"/> None		
Monitoring company:						Percentage protected:				%			
Dedicated Line		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Connected for Fire Detection			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
CCTV in place		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Cameras		Inside:				Outside:			
If Yes, how long recorded footage saved for?													
Metal Bars on All Windows & Doors			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Are All Doors Fitted With Deadbolts?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other Security features:													
Number of Staff handling money			Managers:				Staff:				Others:		
What percentage of receipts are Cash:					Debit/Credit:				Other:				
Are bank accounts reconciled at least monthly by someone not authorized to handle or record deposits or withdrawals, sign cheques or access mechanical signatures?									<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Is countersignature of cheques required?									<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If No, describe the system in effect to prevent unauthorized issuance of cheques:													
Make and Class of Safe on Premises:													
Maximum exposure of money, cheques, securities:				Daily (on premises)					Overnight				

Section 3: Property – only complete if Property coverage is required												
Coverage						Limit			Deductible			
Building												
Contents												
Profits												
Gross Earnings												
Rents or Rental Value Form												
Sewer Back-up												
Earthquake												
Flood												
Equipment breakdown (boiler)												
Other:												
Provide details of all property losses or claims within the last 5 years									<input type="checkbox"/> None			
Date of Loss		Details of Loss					Amount Paid/Reserved		Open/Closed			
Year Built:		Stories:		Total sq ft:		Sq ft occupied by Insured:						
Construction (choose one):												
<input type="checkbox"/> Fire Resistive		<input type="checkbox"/> Non-combustible		<input type="checkbox"/> Masonry		<input type="checkbox"/> Brick Veneer		<input type="checkbox"/> Frame		<input type="checkbox"/> Other		
Years of Updates:												
Roof		<input type="checkbox"/> Full		<input type="checkbox"/> Partial		Type:						
Plumbing		<input type="checkbox"/> Full		<input type="checkbox"/> Partial		Type:						
Electricity		<input type="checkbox"/> Full		<input type="checkbox"/> Partial		Type:						
Heating		<input type="checkbox"/> Full		<input type="checkbox"/> Partial		Type:						
Fire Protection:												
<input type="checkbox"/> Fire hydrant within 300 metres/1,000 feet				<input type="checkbox"/> Fire Hall within 8 kilometers				<input type="checkbox"/> Unprotected				
<input type="checkbox"/> Paid		<input type="checkbox"/> Volunteer		Distance to responding Fire Department								
Sprinkler System		<input type="checkbox"/> Yes		%		<input type="checkbox"/> No						
Neighboring Exposures (List All):												
Does the Operation include Deep Fat Frying?								<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Is Kitchen Equipped with Automatic Fire Extinguisher System (CO2 System)?:						Type:		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Is There a 6-month Maintenance Agreement in Place?								<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Are Grease traps Cleaned and Serviced Regularly?								<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Is Stock Kept on Shelves or Skids?								<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Broker Declaration			
Is this account New to your office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, how long have you known the applicant?
Is the Applicant Financially Sound?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have You Personally Seen This Property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do You Recommend This Applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			

#### NOTICE CONCERNING PERSONAL INFORMATION

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the evaluation of claims;
- the analysis of business results;
- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: [www.swgins.com/page/privacy.htm](http://www.swgins.com/page/privacy.htm)
- the underwriting of policies;
- the detection and prevention of fraud;
- purposes required or authorized by law;

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

#### WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

#### NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

#### SIGNATURE

Signature:		Date (mm/dd/yyyy):	
	(Authorized Representative)		
Name (please print):		Title/Position:	





## Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

### IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

### THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

### PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

### CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

### LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

## ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

## SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

## ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at [PrivacyOfficer@swgins.com](mailto:PrivacyOfficer@swgins.com).

## CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at [www.privcom.gc.ca](http://www.privcom.gc.ca).

**Please refer to the updated comprehensive version of privacy policy on our website: [www.swgins.com/page/privacy.htm](http://www.swgins.com/page/privacy.htm)**