



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 4 FOR DETAILS ON OUR PRIVACY POLICY.

HOSPITALITY RENEWAL 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.

Name of Insured: _____ Policy # _____

Have there been any material changes since the last signed SWG Hospitality app? Yes No

If yes, provide full details: _____

Have There Been Any Unreported Losses or Situations That Could Give Rise to a Loss in the Past 12 Months?: Yes No

If yes, provide full details: _____

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:	\$	\$
Total Receipts:	\$	\$

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"/> 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"/> |

Any Catering or Off-premises Events? Yes No

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

Is this a seasonal operation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide full details:					
Does the Insured offer food deliver service? (other than through 3 rd party services such as Uber Eats or Skip the Dishes) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the kitchen open until closing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, what food options are available for patrons?					
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:
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:	

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
- 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.

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.

Please refer to the updated comprehensive version of privacy policy on our website: www.swgins.com/page/privacy.htm