

HOSPITALITY APPLICATION

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

- Existing Insurer: _____ Expiry Date: _____ Premium: \$ _____
- Excess Limit Required: _____
- Has any carrier cancelled, declined or refused coverage in the past 3 years? Yes No
If yes, please provide details: _____
- Five (5) Year Claim History:
(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

- Description of Operations: _____
- Length of Time in Business: _____ Years of experience in Hospitality Industry: _____
- Licensed Seating Capacity: _____ Internal Seating Capacity: _____ Patio Seating Capacity: _____
- Days and Hours of Operations: _____
- Number of Full Time Employees: _____ Number of Part Time Employees: _____
- Confirmation of crime & vandalism in neighborhood – High, medium or low?
- Does your establishment allow or provide Cannabis, Hookah/Sheesha smoking or usage? Yes No
- Does your establishment offer Room Rentals? Yes No
No. of Rooms:
The % of Rooms used as long term rentals: _____ %
Full explanation for long-term rentals including the description of clientele using the long term rentals:

9. Annual Revenue and Payroll Details.

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	\$	
Retail Liquor Store Receipts	\$		Retail Liquor Store 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	%
TOTAL ANNUAL PAYROLL		\$	TOTAL ANNUAL PAYROLL		\$

PROPERTY SECTION - LOCATION 1

IF MORE LOCATIONS, PLEASE COMPLETE THIS SECTION FOR EACH LOCATION AND PROVIDE WITH APPLICATION

Legal Risk Address					
Risk City					
Risk Postal Code					
CONSTRUCTION AND OCCUPANCY DETAILS					
Year Built		No. of Storey's			
Square Footage	Feet	Area Occupied	Feet		
Walls exterior		Walls Interior			
Floor Construction		Plumbing			
Roof Construction		Roof Covering			
Electrical		Heating			
Other		Other			
Updates (MUST provide if building is more than 20 years old and if partial or full updates completed)					
Exposures	Other Occupants in Building				
	North Exposure				
	East Exposure				
	West Exposure				
	South Exposure				
FIRE AND SECURITY PROTECTION DETAILS					
Protected FUS 1-4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Semi Protected FUS 5-7	<input type="checkbox"/> Yes <input type="checkbox"/> No	UnProtected FUS 8-10	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Hydrant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Distance (Ft)	Feet		
Fire Station	<input type="checkbox"/> Yes <input type="checkbox"/> No	Distance (KM)	Km's		
Sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully Sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No	Partially Sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully Monitored Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local Burglar Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully Monitored Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surveillance Cameras	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Camera's Inside		No. of Camera's Outside	
A Safe on Site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Safe		Safe Class	
Dry Fire Suppression System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wet Fire Suppression System	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Often is Fire Suppression System Serviced?	
Is there a Deep Fat Fryer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grease traps cleaned and serviced regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last Inspection	
Other Protection?					

LIABILITY SECTION

1. Are all employees covered by workers compensation? Yes
2. Is a contractor hired to perform snow removal and salting operations? Yes No
If yes, do you obtain a Certificate of Insurance? Yes No
3. Is there always an owner or manager on duty during business hours? Yes No
4. Have managers/servers taken S.M.A.R.T. program or equivalent? Yes No
5. Does your establishment have a staff-training program? Yes No
6. Do you have Security, Bouncers or Door Control? Yes No
How many on average are on duty? _____
Which days of the week are security and/or door control used? _____
Are Security/Door Control employees of insured? Yes No
If Security is sub-contracted, are Certificates of Insurance requested? Yes No
Are you, the applicant, named as additional insured on these Certificates of Insurance? Yes No
7. Do you have set procedures for handling intoxicated patrons? Yes No
Please outline procedures:

8. Under what circumstances are police called?

9. Is an Incident or Occurrence log kept for all incidents? Yes No
How many years has the Incident or Occurrence log been kept? _____
10. Is your liquor license in the same name as the named insured? Yes No
11. Does your business offer bottle service? Yes No
If yes, please provide days and hours it is available:

12. Has the risk location's liquor permit ever been revoked or suspended? Yes No
If yes, please describe in detail including date(s), reasons and if any conditions were placed on your license:

13. Has the risk location ever been charged with any type of offense? Yes No
If yes, please describe in detail including date(s), charges and disposition:

14. Have you ever had any food or health violations? Yes No
If yes, please describe in detail including what was done to rectify the violation and date of last provincial health inspection confirming everything is acceptable:

15. Do you provide food or beverage delivery service using your own or employees vehicles? Yes No
Do you use a Third Party Vendor (ie: Skip the Dishes, Dash) for deliveries? Yes No
16. Do you rent/lease/allow the location to be used for special functions (i.e. weddings, banquets, stages, etc.) Yes No
If yes, please advise details, including if you are supplying liquor & serving or if Third Party Renting facility is responsible for liquor:

17. Does your establishment offer any of the following?

Swimming Pool or Hot Tub	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify, advise full details on risk management that is in place:
Water Slide(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of Waterslides:
VLT's	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of VLT's:
Pool Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of Tables:
Darts	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of Boards:
Dance Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No Total Area (sq. ft.): If yes, which days and hours is it in use?
Disc Jockey	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which days of the week is there typically a DJ?
Live Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details including how often this occurs:
Pyrotechnics or Special Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details including how often this occurs:
Dancers and/or Performers	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe including how often:
Arcade or Video Games	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of Games:
Mechanical Amusement Devices or Rides	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
All-age events or Raves	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Offsite activities	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Any activities or charters to USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Other? Please describe:	

LIABILITY COVERAGE REQUIRED

COVERAGE	DEDUCTIBLE	LIMIT
Commercial General Liability	\$	\$
Tenant's Legal Liability	\$	\$
Non-Owned Automobile	\$	\$
S.E.F 94	\$	\$
Innkeeper's Liability	\$	\$
Forcible Ejection Sublimit	\$	\$
Excess Liability	\$	\$
	\$	\$
	\$	\$

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: