**Hospitality Application**

In order to provide terms the following documents must be attached:

* Copy of Current Menu (including bar menu)
* Copy of latest financial statements
* Photos of building inside and out
* Copy of any recent loss control/ appraisal report
* Copy of rental agreement (if applicable)
* Copy of Incident Log
* Copy of policies and procedures regarding service of alcohol

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| --- | --- |
| Name of Insured  |  |
| Mailing Address |  |
| Location Address |  |
| Number of Years In Business |  |
| Number of Years at Location  |  |
| Number of Years owned by Current Owner |  |
| Is the Owner involved to day to day management? If no please advise details | YES or NO  |
| Effective Date |  |
| Existing Insurance Company  |  |
| Policy Number |  |
| Expiring Premium  |  |
| Target Premium  |  |
| Last date you inspected the risk  |  |
| Has any Insurer cancelled, declined or refused to provide you cover? | YES OR NO  |
| If Yes to the above please provide details |  |
| Number of Risks (Hospitality) Owned |  |

**Description of Operations (Check the appropriate Box)**

* Pub/ Sports Bar
* Restaurant
* Fine Dining
* Neighbourhood Pub
* Beer/Liquor Store
* Night Club
* Adult Entertainment/ Exotic Dancing
* Hotel/Motel
* Resort
* Private Club
* Casino Operations
* Casual Dining (Take Out )
* Rental of Rooms
* Bowling Alley

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| Please Describe in detail the nature of the insured’s operations. |  |

Hours of Operation:

Name and address of Mortgagees and Lease Holders.

1.

2.

Describe any insured and uninsured losses having occurred in the past 5 years and advise the value of each loss before deductibles (if any) was applied:

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**PROPERTY UNDERWRITING INFORMATION**

* Fire Resistive – walls, floors, roof and supports of solid masonry
* Masonry, Non- Combustible – walls of masonry, floors and roof of masonry or engineered non-combustible materials, supported by protected steel.
* Non – Combustible – walls, floors and roof of engineered non-combustible materials supported by unprotected steel
* Masonry ( Including Mill) – walls of greater, than 4” thick masonry, floors and roof of wood, supported by heavy timber, wood joists or unprotected materials.
* Masonry Veneer – walls less than 4” thick masonry, floors and roof of wood, supported by wood joists or other combustible or susceptible material.
* Frame – walls, floors and roof of combustible materials, supported by wood or other combustible or susceptible material.
* Other –

Distance to Hydrant \_\_\_\_\_\_\_ Distance to fire hall \_\_\_\_\_\_

Other Occupancies :

Year Built \_\_\_\_\_\_\_ if over 25 years old have there been any updates to the building please advise below;

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List dates when following where updated:

Heating : Plumbing: Electrical: Roof:

Adjacent Exposures:

Roof Construction:

How many stories:

Heating Type:

General Housekeeping:

Total Sq.ft. of building: Applicants Sq.ft:

Building Sprinklered : \_\_\_ Yes \_\_\_\_No

Is there an alarm connected for fire detection? \_\_\_Yes \_\_\_No If yes Is it monitored? \_\_Yes \_\_No

Is the kitchen equipped with \_\_\_ Deep Fat Fryer \_\_\_\_Grill (Hot Plate)

Is there a ULC automatic fire expression system \_\_\_Yes \_\_\_No

Is there a 6 month maintenance contract in effect? \_\_\_Yes \_\_\_No Date of last inspection:

CRIME UNDERWRITING INFORMATION

Burglary Alarm System: \_\_\_monitored \_\_\_ Local \_\_\_ None

Provide Make of Alarm & Monitoring System:

Safe Make: Safe Class: Safe Dimensions:

Frequency of Bank Deposits? Deposited by Whom:

Do you employ Security (Doorman/Bouncers)? Yes or No If so how many ?

Are Security (Doorman/Bouncers) employed by you ? Yes or No Or Subcontracted Yes or No

If Sub- contracted, does security service have and maintain a liability Policy ? Yes or No

If Yes to above please provide limit of liability :

If Sub-Contracted , are you an Additional Insured on their insurance policy? Yes or No

Have all security personnel successfully completed security training as per the Provincial Liquor Act?

Yes or No

Do all security Personnel possess valid security licenses? Yes or No

Have you installed CCTV/Surveillance Cameras? Yes or No If so how long have they been installed?

If yes to the above, how many cameras are there inside and outside the premises?

Are all patrons appearing under age required to produce government issued identification?

Yes or No

Has the establishment been cited for any infraction by the Liquor Control & Licensing Board during the past five years? Yes or No

If yes to the above please provide details regarding the nature of the infraction below

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Has the Liquor Control & Licensing Board required you to attend any administrative or tribunal hearings during the past five years? Yes or No

 If yes, to the above please advise the dates and details of the nature of the hearings below

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Has your liquor permit ever been suspended or revoked in the past five years? Yes or No

 If yes please explain below

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Have all your Server personnel obtained their “Servers” certificates as required by the Provincial Act?

 Yes or No

Have all your owners, managers obtained the “ Manager’s Service” Certificate as required by the Provincial Act?

 Yes or No

Is there a designated driver program in use in your establishment and promoted by Servers?

 Yes or No

Do you have food and non-alcoholic beverages readily available? Yes or No

Is there a taxi/ public phone in the premises with phone number? Yes or No

Is there a taxi service readily available to your establishment? Yes or No

Will your Staff call taxi’s for patrons? Yes or No

Does your establishment offer to pay for taxi vouchers? Yes or No

In what age group are the majority of your customers?

\_\_\_\_Under 25 \_\_\_\_ 25-30 \_\_\_\_ 30-50 \_\_\_ over 50

If a patron becomes visibly intoxicated:

* Alcohol services to patron is immediately stopped and food and non- alcoholic beverages are offered
* Patron is asked to leave the premises
* If unwilling to leave, patron is peacefully ejected with appropriate steps to ensure patron arrives home safely
* Other Methods , explain below:

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Do you maintain an incident log? Yes or No If yes, is the log kept for a minimum of 5 years? ( provide a copy)

Do you have written policies and procedures regarding the service of alcohol? Yes or No (please provide a copy)

How many points of alcohol service do you have?

Do you provide a “shooter service”? Yes or No

Do you operate any points of alcohol services that are cash only? Yes or No

Are there any occasions when alcohol is served or purchased from non-permanent points of sale? (i.e. Beer barrel service) ? Yes or No If yes when and how ?

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**STAFF INFORMATION**

Do you provide regular training and education for your staff members? Yes or No

Do you conduct regular staff meetings? Yes or No

How often are the staff meetings held?

Are all employees required to attend?

Do you keep minutes or records relating to the minutes in term of what was discussed? Yes or No

How many employees at your establishment have been employed for more than 2 years?

Do you currently make use of any patron scanning technology, such as a Treoscope? Yes or No

Are you member of the Bar Watch Association? Yes or No

What steps do you take to lesson or eliminate the impact of organized crime in your establishment? Please Explain:

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**COVERAGE REQUIREMENT (Per Location)**

Property & Business Interruption (use the blank spaces for additional coverage)

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| Building |  |
| Equipment  |  |
| Tenants Improvements |  |
| Business Interruption:\_\_ Profits (100% Co Insurance)\_\_ Gross Earnings ( 80% Co Insurance) |  |
| Rental Income |  |
| Extra Expense |  |
| Office Contents |  |
| Computer (Hardware/Software) |  |
| Miscellaneous Property Floater  |  |
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**Crime Coverage**

Inside & Outside Robbery

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| Comprehensive 3D Coverage | Limits Required |
| \_\_\_ Employee Dishonesty Form A |  |
| \_\_\_ Employee Dishonesty Form B |  |
| \_\_\_ Loss Inside Outside Premises |  |
| \_\_\_ Money Orders Coverage |  |
| \_\_\_ Deposit Forgery Coverage |  |
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**Liability Coverage**

**Estimated receipt:**

 **liquor\_\_\_\_\_\_\_\_\_**

**Food \_\_\_\_\_\_\_\_**

**Door\_\_\_\_\_\_\_\_\_**

**other \_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| Bodily Injury & Property Damage – per occurrence |  |
| Products & Completed Operations |  |
| Personal Injury Liability  |  |
| Non Owned Automobile per occurrence  |  |
| Tenants Legal Liability  |  |
| Advertising Liability  |  |

Optional Coverages (select any of the following optional coverages you require)

* Sewer back up
* Flood
* Earthquake
* Replacement Cost
* By-Laws
* Property Extension Endorsement

NOTICE TO APPLICANT: Consumer and previous insurer reports, contain personal, credit, factual or investigation information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension, or variation thereof. All provisions contained in this various forms issued under the contract shall be deemed to be contained in the present of Application of Insurance. The policy may be deemed to be void and claims will be denied where:

1. An applicant for the contract;
	1. Gives false or erroneous information to the prejudice of the Insurer; or
	2. Knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or
2. The Insured contravenes a term of the Contract or commits fraud; or
3. The insured willfully makes a false statement in respect to a claim under the contract.

I certify that all statements made in this application are complete and accurate, I am authorized on contract on behalf of the Insured, and I apply for a contract of insurance based upon the truth of these statements.

I am in agreement that this declaration shall hereby form a part of the insurance contract.

**Applicants Signature:**

Insured’s Name

Date:

Broker Name:

Brokerage Name: