



[Liability Application]

HOSPITALITY APPLICATION FORM

HOSPITALITY APPLICATION FORM**PART 1 GENERAL INFORMATION**

Broker: _____ Contact Person: _____ Tel: _____

Name of Company (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principals: _____

Website Address (if applicable): _____

Number of Years in Business: _____ Number of Years at This Location: _____ Number of Years Owned by Current Owner: _____

Is the Owner involved in the day-to-day management of the establishment? ☐ Yes ☐ No

If "No" to above, please provide details: _____

Desired Effective Date: _____ Existing Insurer: _____ Policy Number: _____

Expiring Premium: \$ _____ Target Premium: \$ _____ Last date you inspected risk: _____

Has any Insurer cancelled, declined, or refused you coverage? ☐ Yes ☐ No

If "Yes" to above, please provide details: _____

Number of Risks (Hospitality) Owned: _____

Description of Operations (check the appropriate box):

- | | | |
|---|---|---|
| <input type="checkbox"/> Pub / Sports Bar | <input type="checkbox"/> Night Club | <input type="checkbox"/> Casino Operations |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Adult Entertainment / Exotic Dancing | <input type="checkbox"/> Casual Dining (Take Out) |
| <input type="checkbox"/> Fine Dining | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Rental of Rooms |
| <input type="checkbox"/> Neighbourhood Pub | <input type="checkbox"/> Resort | <input type="checkbox"/> Bowling Alley |
| <input type="checkbox"/> Beer / Liquor Store | <input type="checkbox"/> Private Club | |
| <input type="checkbox"/> Other (please describe): _____ | | |

Please describe in detail the nature of the Applicant's operations:

Name and Address of Mortgagees and Lease Holders:

1. _____

2. _____

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

PART 2 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 of **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** (please describe): _____

Distance to responding Fire Department:

Distance to Hydrant:

Other Occupancies (1st Floor):

2nd Floor:

3rd Floor and above:

Year Building Built:

If over 30 years old, have there been any updates to the building? (Please describe below):

List dates when following were updated (if applicable):

Heating:

Plumbing:

Electrical:

Roof:

Adjacent Exposures:

Roof Construction:

Height of Building:

Heating Type:

General Housekeeping:

Total Building Sq. Ft:

Applicant's 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 Extinguishing system (if applicable)?

☐ Yes ☐ No

Is there a six month maintenance contract in effect?

☐ Yes ☐ No

Date of last inspection:

PART 3 CRIME UNDERWRITING INFORMATION

Burglary Alarm System: ☐ Monitored ☐ Local ☐ None ☐ Make of Alarm (if applicable):

Monitoring Company:

Safe Make:

Safe Class:

Safe Dimensions:

Frequency of Bank Deposits?

Deposited by whom?



Bars on Windows?

☐ Yes ☐ No

Dead Bolt on Doors?

☐ Yes ☐ No

If "No", please explain below:

PART 4 LIABILITY UNDERWRITING INFORMATION

Licensed Capacity for described operations:

Hours of Operation: From: _____ to _____ # of days open per week: _____

Total Number of Employees:

Full-Time Employees:

Part-Time Employees:

GROSS RECEIPTS (Liquor receipts should not include beverage mix (pop), cover charge, coat checks, etc. Include in "Other")

	PAST 12 MONTHS	NEXT 12 MONTHS
LIQUOR RECEIPTS	\$ _____	\$ _____
FOOD RECEIPTS	\$ _____	\$ _____
ROOMS	\$ _____	\$ _____
COVER CHARGES	\$ _____	\$ _____
LIQUOR STORE SALES	\$ _____	\$ _____
OTHER (Describe):	\$ _____	\$ _____

Describe the type of food served:

Does the Applicant rent out the location for special functions (i.e. weddings, banquets, etc.)? ☐ Yes ☐ No

(If "Yes" to the above, please provide a copy of the rental agreement)

Does the Applicant require proof of insurance? ☐ Yes ☐ No

ACTIVITIES (check all that apply)

<input type="checkbox"/> Karaoke	<input type="checkbox"/> Disk Jockey	<input type="checkbox"/> Happy Hour Specials
<input type="checkbox"/> Mechanical Bulls	<input type="checkbox"/> Live Music	<input type="checkbox"/> Strippers
<input type="checkbox"/> Movies / Videos	<input type="checkbox"/> Entertainers	<input type="checkbox"/> Singles Night
<input type="checkbox"/> Dart Boards / Video Games	<input type="checkbox"/> Pyrotechnics	<input type="checkbox"/> Athletic Events
<input type="checkbox"/> Pay-Per-View Events / UFC	<input type="checkbox"/> Sports Sponsorship	<input type="checkbox"/> Swimming Pool(s)
<input type="checkbox"/> Pool Table	<input type="checkbox"/> Ladies Night	<input type="checkbox"/> Raves
<input type="checkbox"/> Dance Floor	<input type="checkbox"/> Other: (Describe): _____	

How many stairwells lead to/from the establishment?

Stairs to Toilets? ☐ Yes ☐ No

How many fire exits are available to Customers?

Percentage of Customers within walking distance from your premises? _____ %

Is Public Transport readily available? ☐ Yes ☐ No

Do you have valet parking? ☐ Yes ☐ No

Do you employ Security (Doormen/Bouncers)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", number of Doormen/Bouncers:
Are Security (Doormen/Bouncers) employed by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Or Sub-Contracted?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Sub-Contracted, does the security service have and maintain a liability policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes" to above, please provide limit of liability:			
If Sub-Contracted, are you an Additional Insured on their insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have all security personnel successfully completed security training as per the Provincial Liquor Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do all security personnel possess valid security licenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you installed CCTV / surveillance cameras?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", how long is information stored?
If "Yes" to above, how many cameras are there (inside / outside premises)?			
Are all patrons appearing under age required to produce government issued identification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the establishment been cited for any infraction by the Liquor Control & Licensing Board during the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes" to above, please provide details regarding the nature of the infraction below:			
Has the Liquor Control & Licensing Board required you to attend any administrative or tribunal hearings during the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes" to above, please provide the date(s) and details on the nature of the hearing(s) below:			
Has your liquor permit ever been suspended or revoked in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please explain below:
Have all of your serving personnel obtained their "Servers" certificate as required by Provincial Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have all owners, managers obtained the "Managers Service" certificate as required by Provincial Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a Designated Driver Program in use in your establishment and promoted by servers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have food and non-alcoholic beverages readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a taxi / public phone in the premises with phone number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is taxi service available to your establishment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will your staff call taxis for patrons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your establishment offer to pay for taxi vouchers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In what age group are the majority of your customers?	<input type="checkbox"/> Under 25	<input type="checkbox"/> 25 – 30	<input type="checkbox"/> 30 - 50 <input type="checkbox"/> Over 50

If patron becomes visibly intoxicated:

- ☐ Alcohol service to patron is immediately stopped and food and non-alcoholic beverages 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 (please explain below):

Do you maintain an incident log? ☐ Yes ☐ No

If "Yes" to above, is the log kept for a minimum of 5 years? ☐ Yes ☐ No (please provide a copy of this log)

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

How many points of alcohol service do you have?

Do you provide roaming "shooter service"? ☐ Yes ☐ No

Do you operate any points of alcohol service that are cash only? ☐ Yes ☐ No

Are there occasions when alcohol is served or purchased from non-permanent points of sale (i.e. Beer Barrel service)? ☐ Yes ☐ No

If "Yes" to above, when and how?

STAFFING:

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

Do you conduct regular staff meetings? ☐ Yes ☐ No

How often are staff meetings held? Are all employees required to attend? ☐ Yes ☐ No

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

Are you a member of the Bar Watch Association? ☐ Yes ☐ No

What steps do you take to lessen or eliminate the impact of organized crime in your establishment? (please detail below):

PART 5 COVERAGE REQUIREMENT (PER LOCATION)

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	\$
Equipment (Including Tenants Improvements)	\$
Stock	\$
Transit	\$
Business Interruption: <input type="checkbox"/> Profits (100% Co-Insurance)	\$
<input type="checkbox"/> Gross Earnings (80% Co-Insurance)	\$
<input type="checkbox"/> Monthly Earnings	\$
<input type="checkbox"/> Other:	\$
Rental Income	\$
Extra Expense	\$
Office Contents	\$
Computer (Hardware / Software)	\$
Miscellaneous Property Floater	\$
Other:	\$
Other:	\$
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery	\$
Comprehensive 3D Coverage: <input type="checkbox"/> Employee Dishonesty – Form A	\$
<input type="checkbox"/> Employee Dishonesty – Form B	\$
<input type="checkbox"/> Loss Inside Premises	\$
<input type="checkbox"/> Loss Outside Premises	\$
<input type="checkbox"/> Money Orders Coverage	\$
<input type="checkbox"/> Deposit Forgery Coverage	\$
Other:	\$
LIABILITY COVERAGE	AMOUNT OF INSURANCE
Bodily Injury & Property Damage – per occurrence	\$
Products & Completed Operations – aggregate limit	\$
Personal Injury Liability – per occurrence	\$
Non-Owned Automobile Liability – per occurrence	\$
Tenants Legal Liability	\$
Advertising Liability	\$
Other:	\$
Other:	\$

OPTIONAL COVERAGES (select any of the following optional coverages you require)

<input type="checkbox"/> Sewer Back-Up	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Property Extension Endorsement
<input type="checkbox"/> Flood	<input type="checkbox"/> By-Laws	<input type="checkbox"/> Comprehensive Property Extension End't
<input type="checkbox"/> Earthquake	<input type="checkbox"/> Other: _____	

PART 6 DECLARATION

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative 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 the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) 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 a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO 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 PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____ Position: _____

Please print name: _____ Date: _____

Providing detailed information and submission of all documents requested will increase our efficiency and ability to obtain the most favourable terms. When available, please provide the following documents:

- 1) Copy of current menu (including relevant bar menu)
- 2) Copy of latest financial statements
- 3) Photos of the building (inside and out)
- 4) Copy of any recent loss control / appraisal report
- 5) Copy of Rental Agreement (if applicable)
- 6) Copy of Incident Log (if applicable)
- 7) Copy of Policies and Procedures regarding service of alcohol (if applicable)