

Hotel Application

APPLICANT INFORMATION

Legal Name of Insured: _____

Operating Name of Insured: _____

Principals Name(s): _____

Phone Number (for inspection if written): _____

Mailing Address: _____

Risk Address: _____

Web Site address: _____

Occupancy By Applicant: _____ By Others: _____

Name(s) and Address(es) of Mortgagee(s) or Landlord(s) and Amounts:

- 1 _____ \$ _____
- 2 _____ \$ _____
- 3 _____ \$ _____

Existing Insurer: _____ Policy No.: _____ Expiry Date: _____

Expiring Premium: \$ _____ Expiring Rate: _____ Renewal Offered: Yes No

If not, why not: _____

Expiring Premium: \$ _____ Target Premium: \$ _____

Has the Insured ever been cancelled or declined? Yes No

Details: _____

Financial Status: _____

Please provide details of all losses/claims (paid or unpaid) in past five (5) years:

Number of years in business at this location _____ at other locations _____

PROPERTY QUESTIONNAIRE

Building Construction:	Original Building	First Addition	Second Addition
Number of Stories	_____	_____	_____
Walls	_____	_____	_____
Roof	_____	_____	_____
Floors	_____	_____	_____
Year Built	_____	_____	_____
Type of Heating	_____	_____	_____
Wood Stoves	_____	_____	_____
Ground Floor Area	_____	_____	_____
Fuses or Breakers	_____	_____	_____
Year of Up-dates	_____	_____	_____
Plumbing	_____	_____	_____
Heating	_____	_____	_____
Wiring	_____	_____	_____
Roof	_____	_____	_____

Glass: plain plate _____ Thermopane replacement cost _____

Housekeeping: Good Fair Poor

EXPOSURES

	Right	Left	Front	Rear
Construction	_____	_____	_____	_____
Height	_____	_____	_____	_____
Distance	_____	_____	_____	_____

ALARM DETAILS

FIRE

BURGLARY

Local or Monitored? _____

Monitoring Company? _____

U.L.C. rated? _____

Dedicated line? _____

% of premises alarmed? _____ %

Neighborhood: _____

Crime Statistics: _____

PROTECTION:

Distance to: fire hydrant? _____ firehall? _____ paid or volunteer? _____

Is kitchen equipped with: deep fat fryer? Yes No grill? Yes No Auto ext. system type? _____

Is there a 6-month maintenance contract in effect? Yes No Service Company name _____

Are premises sprinklered? Yes No Percentage sprinklered? _____ %

Number of portable extinguishers? _____ Type? _____ Date last serviced? _____

Dimensions of safe? _____ Class? _____ Alarmed? Yes No

How often are deposits made? _____ By whom? _____

Do you have an A.T.M. on premises? (ask about our ATM programme) Yes / No

Are your customers subjected to a metal detector upon entry to your premises? Yes / No

LIABILITY QUESTIONNAIRE:

Description of Insured? Pub - Lounge - Night Club - Bar - Private Club - Other

if you checked "Private Club" or "Other" please specify: _____

Have all owners, managers and servers taken Provincial Responsible Server program? Yes / No

Are all new employees who may serve alcohol required to have or to take a Provincial Responsible Server program within 45 days of employment? Yes / No

Is there always a Manager or Assistant Manager on duty in addition to servers? Yes / No

Do you use door control? Yes / No If Yes specify: Bouncers - Door Security

Number of "Bouncers"? _____ Are "Bouncers" employees? Yes / No or sub-contractors? Yes / No

Do you have a cover charge? Yes / No

Do you have a written house policy? Yes / No

Does staff receive a copy of it and training on it? Yes / No

Do you check identification on ALL patrons who could be underage? Yes / No

Does your staff promote the Designated Driver Programme? Yes / No

Do you have a valid Liquor License or permit? – If Yes: License/Permit # _____ Yes / No

Have you incurred any Provincial Liquor Control Board violations &/or suspensions in the past 5 years? Yes / No

If "YES", please provide dates and situations: _____

Hours of operation: _____ Days per week: _____

Is your staff aware of procedures for handling intoxicated patrons? Yes / No

Are these procedures posted so all staff may refer to them? Yes / No

Does the operation have a "Happy Hour" Yes / No

If you answered Yes, please provide hours and frequency: _____

What is the procedure for the following situations:

(1) Impaired patrons arrive at your establishment? _____

(2) Patrons who become impaired at your establishment? _____

(3) Patrons who fight or become disruptive or abusive? _____

(4) Patrons who are impaired and leave your premises alone? _____

Will your staff arrange transportation for intoxicated patrons leaving your premises? Yes / No

Do you do any deliveries? Yes / No

Do you rent your premise for special functions? Yes / No

If "Yes" Please describe: _____

Do you provide staff for serving liquor at these functions? Yes / No

Do you have a swimming/wading pool? Yes / No Elevators? Yes / No

What percentage of your "bar" customers order a meal with their beverages? _____ %

Licensed capacity: Internal - _____ Patio - _____ Other - _____

Total number of rooms licensed? _____ Total square footage of licensed rooms? _____

Number of rooms rented: _____ Daily: _____ Weekly: _____ Monthly: _____

Do you have a stand up bar? Yes / No

Do you sell low (2.5% products)? Yes / No

Do you have a mechanical amusement device (Owned/Operated) Yes / No

If yes, please describe: _____

Class of clientele: _____

What is your establishment's total sales figures broken down as follows:

	FOOD	ALCOHOL	VENDOR/Off Sales	ROOMS
Actual last 12 months:	\$ _____	\$ _____	\$ _____	\$ _____
Estimate next 12 months:	\$ _____	\$ _____	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____	\$ _____	\$ _____
- Source	\$ _____	\$ _____	\$ _____	\$ _____
- Receipts	\$ _____	\$ _____	\$ _____	\$ _____

ACTIVITIES

Dance Floor(s): Number _____ Total square footage _____ Yes / No

Disc Jockeys : Number of nights per week _____ Yes / No

Live Bands : Type of Music _____ Nights/week _____ Yes / No

Exotic Dancers _____ Yes / No

Darts: Number of boards _____ Yes / No

Pool Tables: Number of tables _____ Yes / No

Special Events or Promotions – please attach promotional material Yes / No

Other – Describe _____ Yes / No

COVERAGES AND LIMITS REQUIRED

Notes:

	FORM	COINS.	DED. (\$2500 Min.)	LIMIT REQUIRED	TARGET PREMIUM
PROPERTY:	Building		\$	\$	\$
	Stock		\$	\$	\$
	Equipment		\$	\$	\$
	Profits		\$	\$	\$
	Gross Earnings		\$	\$	\$
	Extra Expense		\$	\$	\$
	Rental Income		\$	\$	\$
	Ext. Glass		\$	\$	\$
	Detached Sign		\$	\$	\$
	E.D.P.		\$	\$	\$
	Cons. Loss		\$	\$	\$
	Other:		\$	\$	\$
	Boiler & Machinery:		\$	\$	\$
	CRIME:	B F M & S		\$	\$
Inside & Outside			\$	\$	\$
Emp. Dishonesty			\$	\$	\$
LIABILITY:	CGL	Occ/Agg	\$5000 (Min)	\$	\$
	Tenants Legal	Broad	\$1000	\$	\$
	Non-owned Auto			\$	\$
	Inn Keepers			\$	\$

Note: Target premium is not a quote or a required field, always base an estimate on our minimum and/or an increase of previous years premium. Claims/Financials/Inspections will be a factor in the underwriters decisions on premium/deductible requirements to quote.

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Protection and Electronic Documents Act (PIPEDA)

(Print Name of proposed insured)

Signature of Insured & Title

Date

Signature of Broker

Date

Witness

Date