

HOSPITALITY PROGRAM APPLICATION

General Section

Broker: _____ Attn: _____ Fax: _____ Date: _____

Name of Insured: _____

Operating Name: _____

Principals Name(s): _____

Mailing Address: _____

Risk Address: _____

Payable to: _____

Occupancy by Applicant as _____

Occupancy by floors _____

Left Exposure _____ Right Exposure _____

Existing Insurer: _____ Policy # _____ Expiry Date: _____ Premium _____

Will they renew: Yes No Reason for non-renewal: _____

Has the insured been CANCELLED / DECLINED INSURANCE (including boiler) : *Yes No

*If yes, please provide details

Previous losses (5 years - please attach full details, date, amount, cause class, etc.)

Liability: _____

Other: _____

Number of years in business at this location: _____ Other Locations: _____

If Insured has operated at other locations, we require:

1. Name under which business operated: _____

2. Location(s): _____

Crime Section

Alarm system : Local Monitored Make of alarm : _____

Monitoring Company: _____ % of premises alarmed: _____

Safe ULC rated: _____ Does alarm have dedicated line: Yes No

Safe make: _____ Safe class: _____

Property Section	
Structure Type	<input type="checkbox"/> Detached <input type="checkbox"/> Semi Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> High-Rise Condo <input type="checkbox"/> Other _____
Construction	# of Stories _____ Year Built _____ Sq. Ft. _____
Walls	<input type="checkbox"/> Frame <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Alum Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Fire Resistive
Floor	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood Joist <input type="checkbox"/> Cement <input type="checkbox"/> Other _____
Roof	<input type="checkbox"/> Wood Joist <input type="checkbox"/> Patent <input type="checkbox"/> Metal Clad <input type="checkbox"/> Tar Gravel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____
Updates	<input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____
Heating	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Hot Air <input type="checkbox"/> Hot Water <input type="checkbox"/> Space Heater <input type="checkbox"/> Others _____ <input type="checkbox"/> oil tank (<input type="checkbox"/> inside / <input type="checkbox"/> Outside, <input type="checkbox"/> above ground / <input type="checkbox"/> in ground)
	* age of oil tank _____
	* Has oil tank been inspected by oil company? <input type="checkbox"/> Yes, when _____, <input type="checkbox"/> No
	** <input type="checkbox"/> Wood heat stove - ULC/CSA approved <input type="checkbox"/> Yes <input type="checkbox"/> No Professional installation <input type="checkbox"/> Yes <input type="checkbox"/> No
	** Please provide a copy of wood-heat questionnaire for our reference.
Electrical	Updates <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____ <input type="checkbox"/> C/B <input type="checkbox"/> Fuses <input type="checkbox"/> Knob & Tube _____ % _____ amps
Plumbing	Updates <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____ <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Galvanized _____ % <input type="checkbox"/> Other _____ <input type="checkbox"/> Age of Sump Pump _____
Protection	Updates <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____ <input type="checkbox"/> Hydrant within 300 metres/1000 feet <input type="checkbox"/> Firehall within 8 km <input type="checkbox"/> Unprotected
Sprinklered	<input type="checkbox"/> Yes, _____ % <input type="checkbox"/> No Age of sprinklers _____ years Smoke Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm System	<input type="checkbox"/> Monitored by Central Station <input type="checkbox"/> Local <input type="checkbox"/> None Rated <input type="checkbox"/> ULC <input type="checkbox"/> CSA
	*Percentage of premises protected _____ % *Does it connect for fire detection? <input type="checkbox"/> Yes <input type="checkbox"/> No
	* Does it have a dedicated line? <input type="checkbox"/> Yes <input type="checkbox"/> No *Monitoring Company: _____
Does the operation include	a) deep frying <input type="checkbox"/> Yes <input type="checkbox"/> No b) grill <input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking with:	<input type="checkbox"/> Vegetable Oil <input type="checkbox"/> Animal Fat
Is the kitchen equipped with an automatic fire extinguisher system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) What type is it?	<input type="checkbox"/> Wet Chemical (NFPA17A) <input type="checkbox"/> Wet Chemical (UL300) <input type="checkbox"/> Dry Chemical (NFPA127) <input type="checkbox"/> CO2 (NFPA12)
b) When was the above automatic fire extinguishing system installed?	
c) Does the system cover the entire grilling/deep frying surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Is there a 6 month maintenance agreement in place with a certified service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Who is the service contractor for the Fire Extinguishing System?	
f) Number of Fire Extinguishers _____ Type <input type="checkbox"/> ABC <input type="checkbox"/> K (Restaurants) Size _____ lbs	

Liability Questionnaire

Licensed capacity (Patrons)? _____ No. of Rooms: _____

Have all **OWNERS** and **MANAGERS** taken S.M.A.R.T. program or equivalent? _____

(PLEASE NOTE: THIS COURSE IS MANDATORY FOR OWNERS, MANAGERS, & SUPERVISORS)

Is there always a Manager or Assistant Manager on duty in addition to servers?

Have **ALL** employees taken the S.M.A.R.T. program or equivalent? YES NO

No. of employees? _____ Are " **BOUNCERS**" used? YES NO

Do you sponsor any sport teams? YES NO

Does the Insured employ a written house policy? YES NO

Does Staff receive copy and training on it? YES NO

Do you employ door control? YES NO

Do you have a cover charge? YES NO

Is identification checked on **ALL** patrons who could be underage? YES NO

Is the Designated Driver Program in use in your establishment and promoted by servers? YES NO

Do you have a valid Liquor License or permit? YES NO

Has the Applicant incurred any Liquor Control Board violations and/or suspensions during the last 5years? YES NO

*If yes, please provide details (dates and situations): _____

Is all staff aware of procedures for handling intoxicated patrons? YES NO

Are these procedures posted to enable all employees to refer to them? YES NO

(i.e. for: Impaired patrons who arrive at your establishment: YES NO

Patrons who become visibly impaired at your establishment: YES NO

Patrons who fight, or become disruptive & abusive: YES NO

Patrons who are obviously impaired & leave your premises alone? YES NO

Is transportation arranged for intoxicated patrons leaving the premises? YES NO

Are police called to handle intoxicated patrons who resist mild force to encourage them to leave? YES NO

Will your staff call taxis for patrons? YES NO

Do you rent your premises for special functions? YES NO If yes, please describe:

Do you provide your liquor serving staff for these functions? YES NO

Hours of operations: _____ to _____ Days open per week: _____

Number of rooms for rent _____ Cooking in rooms? YES NO

Liability Section

Type of establishment: _____

Licensed Capacity : Internal : _____ Patio : _____ Other : _____

Total number of rooms licensed : _____ Total sq. footage : _____

Hours of operation: _____

FOOD	LIQUOR	BEER	WINE	ROOMS	OTHER	TOTAL
					(Please Describe)	

DESCRIPTION	YES	NO
COMEDY	<input type="checkbox"/>	<input type="checkbox"/>
DANCE FLOOR	<input type="checkbox"/>	<input type="checkbox"/>
LIVE BANDS/DJ' S	<input type="checkbox"/>	<input type="checkbox"/>
DANCERS	<input type="checkbox"/>	<input type="checkbox"/>
DARTS	<input type="checkbox"/>	<input type="checkbox"/>
POOL TABLES	<input type="checkbox"/>	<input type="checkbox"/>
KARAOKE	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL EVENTS/PROMOTIONS (Please attach promotional fliers/materials)	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (i.e. Volleyball/basketball courts)	<input type="checkbox"/>	<input type="checkbox"/>

Please describe: _____

Coverage & Limits Required

Name:		Date:	
Address:			
<input type="checkbox"/> All Risks	<input type="checkbox"/> Fire & E.C.		
CLASS OF COVERAGE	DEDUCTIBLE	LIMITS REQUIRED	OFFICE USE ONLY
BUILDING			
CONTENTS (INCL.TENANTS IMPR.)			
ELECTRONIC EQUIPMENT			
CONSEQUENTIAL LOSS ASSUMPTION			
BUSINESS INTERRUPTION FORMS			
PROFITS			
80% CO-GROSS EARNINGS			
50% CO-GROSS EARNINGS			
NO CO			
EXTRA EXPENSE			
RENTS			
BLANKET GLASS		<input type="checkbox"/> Plate <input type="checkbox"/> Thermo	
DETACHED SIGN			
SATELLITE DISH			
OFFICE EQUIPMENT FLOATER			
VALUABLE PAPERS			
ACCOUNTS RECEIVABLE			
*BROAD FORM MONEY & SECURITY			
IN/OUT HOLD UP			
*SAFE BURGLARY			
*REQUIRES CLASS II SAFE FOR OVERNITE COVER			
BOILER INSURANCE	\$1,000.00 MIN.		
MECHANICAL BREAKDOWN	\$1,000.00 MIN.		
CGL - OCCURANCE			
TENANTS LEGAL LIABILITY			
NON-OWNED AUTO			
MEDICAL PAYMENTS	\$1,000. Per Person	\$10,000. Per Occurrence	
Others			