



Hospitality Application

ABEX Affiliated Brokers Exchange Inc.
231 Shearson Cres., Suite 304
Cambridge, ON N1T 1J5
(p)519-880-0044
quotes@abexinsurance.com
www.abexinsurance.com

Brokerage:		Broker code:	Broker contact:	
Broker address:			Broker email:	
SECTION 1: GENERAL INFORMATION				
Name of company (full legal name):			Operating as (trade name):	
Mailing address:			Postal Code:	Corporation Partnership Individual Joint venture
Website address (if applicable):	Name of principals:		Date of incorporation:	Business telephone#
Contact person for inspection:	Email address:			Telephone #
Number of years in business:	Number of years owned by current owner:		Number of years at current location:	
Is the owner involved in the day-to-day management of the establishment? Yes No If 'No', please provide details below:				
Period of insurance: From: To: at 12:01 a.m. standard time				
SECTION 2: UNDERWRITING INFORMATION				
Insurance Experience				
Previous insurer:		Policy number:	Expiry date:	
Expiring premium:	Renewal premium:	Target premium:	Was renewal offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any insurer cancelled, declined, or refused coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide details below:				
Previous Losses (5 Years): <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide details:				
Loss Date	Loss Details	Amount Paid	Amount Reserved	Claims Status
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
Measures taken to prevent further losses:				
Are you aware of any incidents, which may result in claims against you? Yes No If 'yes', please describe below:				
Applicant's Operations , indicate all that apply:				
Restaurant - Non Liquor Licensed	Pub	Dance Floor	Pool Tables	Happy Hour Specials
Restaurant - Liquor Licensed	Bar/Tavern	Disk Jockey	Dart Boards/Video Games	Entertainers
Take Out	Jazz Bar	Live Music	Movies/Videos	Pyrotechnics
Catering /Off-Premises Events	Night Club	Karaoke	Pay-per-view Events/UFC	Strippers
Banquet Hall	Lounge	Singles Night	VLT	Mechanical Bull
Legion	Private Club	Ladies Night	Raves	Sports Sponsorships
Other (explain):			Hookah	Athletic Events
Swimming Pool(s)				
Describe in detail the nature of the applicant's operations:				
Hours & days of operation:			Is this a seasonal operation?	Yes No
Do you offer food delivery using drivers that are your own employees?			Yes No	
Do you offer food delivery using third-party drivers (e.g., Uber Eats, SkipTheDishes)?			Yes No	

SECTION 3: PROPERTY DETAILS										Total # of locations:										(Please attach additional pages for other locations)																			
Risk location #1 address:																				Postal Code:										# of years at this location:									
																				Occupancy:										Owner Tenant									
Loss payee(s) / mortgagee(s), if any and their address:																				Postal Code:																			
Additional Insured:																				Postal Code:										Relationship to Insured:									
Location #					Building #					Year Built					No. of Stories					Total Area excl. bsmt Sq Ft					Area Occupied by Insured Sq Ft					Occupies Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No					Heritage? <input type="checkbox"/> Yes No				
Building Construction:										Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible Masonry noncombustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive																													
Electrical					AMP					Type: Circuit breakers Wiring: Fuses % Copper % Aluminum(100% Pigtailed) % Knob & tube					Year of update Percentage																								
Heating					Type: Central Furnace Boilers Heat Pumps Space heaters Wood-Burning Stove* Electric baseboards Oil*										Fuel: Natural Gas Propane Electric Wood*					Year of update Percentage																			
*Wood - Burning Stove or Oil Tank , please complete supplement at www.abexinsurance.com/applications																																							
Plumbing					Type: % Copper % PVC % Cast Iron % Galvanized % Kitec % Lead										Year of Update Percentage																								
Roof					Deck: % Wood % Concrete % Concrete on steel %Steel					Covering: Asphalt shingle Concrete tile Metal Tar & gravel Rubber membrane Wood shake					Year of update Percentage																								
Other occupancies in the building:										Adjacent Exposures:					Left:					Right:					Front:					Back:									
Fire Protection					Fire hydrant within 300 metres/1000 feet Yes No										Fire hall within 8km Yes No																								
					Sprinklered <input type="checkbox"/> Yes % No										Smoke detectors: Yes No																								
					Fire Alarm: Central station monitored Local None										If monitored, by whom:																								
Does the operation include deep fat frying? Yes No										Grill: Yes No																													
Is the kitchen equipped with an ULC1254.6 Automatic Fire Extinguisher System (WET) Yes <input type="checkbox"/> No																																							
Is there a 6-month maintenance areement in place? Yes No										Date of last inspection:																													
Is there a 6-month maintenance contract for duct steam cleaning? Yes No										Date of last service:																													
Is grease traps cleaned and serviced regularly? Yes No																																							
Is stock kept on shelves or skids? Yes No																																							
Is the refrigeration system alarmed for temperature changes? Yes No																																							
Crime Protection					Burglar Alarm: ULC approved central station monitor Local None																																		
					Percentage of premises alarmed: % Monitoring company:																																		
CCTV in place: Yes No					If 'Yes', do you retain copies of the video for future use? Yes No																																		
Perimeter lighting: Yes No					3rd party security: Yes No																																		
Metal bars on all windows & doors? Yes No					Are all doors fitted with deadbolts? Yes No																																		
Safe make:					Safe class:										Safe dimensions:																								
Number of employees handling money: Managers Staff Others																																							
Frequency of bank deposits										Deposited by whom?																													

SECTION 4: LIABILITY SURVEY OF HAZARDS**Gross Receipts** (Liquor receipts should not include beverage mix (pop), cover charge, coat checks, etc. Include those in 'Other')

	PAST 12 MONTHS	NEXT 12 MONTHS
Food receipts:	\$	\$
Liquor receipts:	\$	\$
Rooms:	\$	\$
Liquor store sales:	\$	\$
Other: (Describe below)	\$	\$

Does the applicant rent out the location for special functions (i.e. weddings, banquets, etc.)? Yes No If 'Yes', please describe below:

Licensed capacity:

Roof top patio: Ground level patio connected to the location:

Patio – separated by sidewalk or parking lot: Other:

How many fire exits are available to customers?

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

If 'Yes' to above, please provide details regarding the nature of the infraction:

Has your liquor permit ever been suspended or revoked in the past 5 years? Yes No

If 'Yes' to above, please explain below:

Have all of your serving personnel obtained their “SMART” Serve certificate (or provincial equivalent)? Yes No

Have all owners, managers obtained the “Managers Service” certificate as required by Provincial Act? Yes No

Is there a Designated Driver Program in use in your establishment and promoted by servers? Yes No

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

If a customer becomes intoxicated, how are they handled?

Who is responsible for snow removal? Applicant Contractor Other (specify):

Does the contractor(s) carry CGL insurance covering the snow removal operation? Yes No

Does the applicant obtain and keep a record of proof of insurance from the contractor(s) confirming full CGL coverage is in effect? Yes No

Is the applicant named as additional insured on contractor's policy? Yes No

Experience of owner/management in hospitality: years

Do you provide regular training and education for your staff members? Yes No How often are staff meetings held?

Any additional information:

SECTION 5: COVERAGES AND LIMITS

					Location 1	Location 2	Location 3
Property	Broad Form	Named Perils	Deductible:	Co-Ins:	Limit of Insurance	Limit of Insurance	Limit of Insurance
Building	RC	ACV	\$		\$	\$	\$
Equipment (including tenants improvements)	RC	ACV	\$		\$	\$	\$
Contents	RC	ACV	\$		\$	\$	\$
Stock		ACV	\$		\$	\$	\$
Property extensions	Yes	No	\$		\$	\$	\$
Sewer back-up			\$		\$	\$	\$
Water damage			\$		\$	\$	\$
Flood			\$		\$	\$	\$
Earthquake			\$		\$	\$	\$
Other:			\$		\$	\$	\$
Other:			\$		\$	\$	\$
Business Interruption							
Gross earnings					\$	\$	\$
Profits					\$	\$	\$
Rental income					\$	\$	\$
Extra expense					\$	\$	\$
Equipment Breakdown							
Equipment breakdown					\$	\$	\$
Production machinery	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$	\$	\$
Crime							
Employee dishonesty – Form A			\$		\$		
Broad form money & securities			\$		\$		
Inside and outside robbery			\$		\$		
Liability							
Commercial General Liability	Each occurrence		\$		\$		
Products and Completed Operations			\$		\$		
Personal Injury / Advertising Injury			\$		\$		
Tenants Legal Liability			\$		\$		
Non-Owned Automobile			\$		\$		
Other:			\$		\$		
Broker Questionnaire:							
Is this business new to your office? Yes No							
If no, how long have you known the applicant?							
Have you seen this property? Yes No							
If 'Yes', when? Condition?							

Additional comments:

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Signature(s) of All Named Insured(s) (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.
Coverage is only given upon written confirmation of binding from ABEX.**

This Section is For Broker Use Only

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*If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using a different browser or save and email the application to **quotes@abexinsurance.com**