



Professional Insurance Underwriting and Marketing through Service Integrity and Stability

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HOSPITALITY INSURANCE APPLICATION

Sub-Broker Name _____ City _____

Contact Name _____ Tel#: _____

Email: _____ Fax # _____

Name of Applicant: _____

Operating Name: _____

Mailing Address _____

Risk Location (as Above, or) _____

Principal Owner(s): _____ Website Address: _____

Has the principal or any active partner filed for bankruptcy? Yes No If yes, provide details: _____

Insured is: Owner Tenant Landlord's Name & Address: _____

Is the landlord to be added as an additional Insured on binding? Yes No

Loss Payee / Mortgagee / Additional Insured (include address below):

1. _____

2. _____

INSURANCE EXPERIENCE: New Business Renewal Are you incumbent broker? Yes No

Current Insurer: _____ Target Premium Required: _____

Renewal Offered: Yes No If not, reason? _____

Have you had any insurance refused or cancelled within the past 5 years? Yes No

If yes, please explain: _____

LIST OF ALL LOSSES OR CLAIMS (Whether or not Insured – Sustained during Past 5 Years on all operations):

Table with 4 columns: Date of Loss, Details of Loss, Amount Paid/Reserve, Open/Closed

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

Operating Experience:

New Venture: Yes No If yes, prior experience in the hospitality industry: _____

Years in Business: _____ Years of Current Ownership: _____ Years at this Location: _____

Prior operating experience/number of years at other locations: _____

Existing Locations (Names and Addresses) to enable credit to be applied: _____

Is this a family run business? Yes No

COVERAGE REQUESTED

Section 1 – Property

Section 2 – Crime

Section 3 – Commercial General Liability

Section 4 – Boiler

GENERAL INFORMATION:

Description of Operations:

Adult Entertainment Pub/Sports Bar Restaurant Night Club Private Club/Legions

Beer/Liquor Store Hotel/Motel Lounge Other: _____

Describe in detail the nature of the applicants operations and/or group activities (i.e. Private Clubs/Legions):

Is this a seasonal operation? Yes No

Number of Rented Rooms: _____ Are rooms Government subsidized? Yes No

How are rooms rented: Daily Weekly Monthly If Monthly, what %? _____ %

Other, please describe: _____

Do Rental Rooms have any cooking equipment? Yes No

If yes, please describe: _____

SECTION 1 – PROPERTY

Year Built: _____ Number of Stories: _____ Are you responsible for building insurance? Yes No

Total Area: _____ sq.ft. Area Occupied By Insured: _____ sq.ft. Occupies Basement? Yes No

Structure Type: Industrial Plaza Strip Plaza Stand-Alone Building Commercial/Residential
 Commercial Condo Other: _____

Walls: Frame Brick Veneer Masonry HBC Non-Combustible
 Stucco Alum. Siding Fire Resistive Other: _____

Floor: Concrete Wood Joist Wood Other: _____

Roof: Wood Joist Steel Deck Concrete Patent Other: _____

Heating: Gas Electric Oil Combination Furnace Wood Stove Other: _____

Electrical: Fuses Circuit Breakers

Year of Updates: Heating: _____ Plumbing: _____

Electrical: _____ Roof: _____

Fire Protection: Fire hydrant within 300 metres/1000 feet Fire Hall within 8km Unprotected
 Paid Volunteer Distance to Responding Fire Department: _____
 Sprinklered: Yes _____ % No

Any instances of Sewer Backup at your establishment or in the vicinity in the past 5 years: Yes No

If yes, provide details: _____

Does the operation include deep fat frying? Yes No If yes: Vegetable Oil Animal Fat

Does the operation include grilling? Yes No

Is the kitchen equipped with an automatic fire extinguisher System (CO2 System)? Yes No Wet Dry

Is there a 6 months maintenance agreement in place? Yes No

Are grease traps cleaned and serviced regularly? Yes No

Is stock kept on shelves or skids? Yes No

SECTION 2 – CRIME

Burglar Alarm: Central Station Monitored Local None

Percentage of Premises Alarmed: _____ %

Monitoring Company: _____ Percentage protected: _____ %

Dedicated line: Yes No Connected for fire detection: Yes No

CCTV in place: Yes No Number of Cameras: Inside _____ Outside _____

If yes, do you retain copies of the video for future use? _____

Metal bars on all windows & doors: Yes No Are all doors fitted with deadbolts? Yes No

Other Security Features: _____

Number of Employees Handling money: Managers _____ Staff _____ Others _____

SECTION 3 – COMMERCIAL GENERAL LIABILITY

Insured is: Individual Partnership Corporation Joint Venture

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

Hours of Operation: From: _____ To: _____

Days of Operation: From: _____ To: _____

GROSS RECEIPTS DECLARATION:

	Annual Gross Receipts	Projected Gross Receipts
Food Sales	\$ _____	\$ _____
Liquor Sales	\$ _____	\$ _____
Cover Charge	\$ _____	\$ _____
VLTs	\$ _____	\$ _____
Room Sales	\$ _____	\$ _____
Liquor Store Sales	\$ _____	\$ _____
Others (details)	\$ _____	\$ _____
Total Receipts:	\$ _____	\$ _____

If other, provide details of what makes up that revenue: _____

DESCRIPTION OF ACTIVITIES:

Pool Tables Yes No No.: _____

Video Lottery Terminals Yes No No.: _____

Dance Floor Yes No Sq Ft: _____

Is this a designated dance area? Yes No

Are Drinks allowed on the dance floor? Yes No How is it monitored: _____

Disc Jockey Yes No Nights/week: _____

Live Bands Yes No Nights/week: _____

Entertainment Yes No Nights/week: _____ Type: _____

Karaoke Yes No Nights/week: _____

Rave/All Age Events Yes No Nights/week: _____

Exotic Dancers Yes No Nights/week: _____

Comedy Club Yes No Nights/week: _____

Cover Charge Yes No Average/person: _____

Happy Hour Yes No Days: _____ Hours: _____

Athletic Events Yes No How many: _____

Mechanical Amusement Devices Including Mechanical Bulls Yes No How many: _____

Do you use bubble, foam or dry ice: Yes No Describe procedure and times used: _____

Sporting Activities/Special Events Yes No If yes, describe: _____

Pyrotechnics/Special Lighting Yes No

Describe in detail: _____

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

Door Control Yes No If yes, provide details below

	# Male	# Female	# of Days
<input type="checkbox"/> Bouncers (Authorized to Forcibly Eject)	_____	_____	_____
<input type="checkbox"/> Door Security (Check Identification/Count Heads; No authority to eject)	_____	_____	_____
<input type="checkbox"/> Host or Hostess (To Seat Customers Only)	_____	_____	_____

Do you employ security? Yes No Sub-contracted: Yes No

If subcontracted, provide name of Security Company: _____

Is proof of liability insurance obtained? Yes No

Have any security/doorman taken the basic security training course? Yes No

Are all door persons/security licensed under the Provincial Security Act as of Nov 1, 2009? Yes No

Does the Insured engage in rental of location for special functions (i.e. weddings, banquets, etc.)? Yes No

If yes, please describe: _____

Do you or your staff provide liquor serving at these functions? Yes No

If yes, please describe: _____

OPERATIONS:

- Is there stair access to public restrooms? Yes No
- Are all restrooms inspected on a regular basis during business hours? Yes No
- Is there a plastic cup rule in effect? Yes No
- Is beer sold in jugs? Yes No
- Do you employ staff to specifically collect empty glasses and bottles? Yes No
- Does the Insured offer food delivery service? Yes No
- Is there a Taxi/Public phone on premises with a phone number? Yes No
- Is public transport readily available? Yes No
- Is there a designated driver program in place, is it promoted by servers? Yes No
- Do you provide valet parking? Yes No
- Is a contractor hired to perform snow removal operations? Yes No
- Is a certificate of insurance provided? Yes No
- Has the Insured had any food or health violations? Yes No
- Has the insured's liquor permit ever been revoked or suspended? Yes No

If yes, provide details: _____

Who would be barred from the premises: _____

Are employees permitted to consume alcohol on the applicant's premises prior to, during or after their shift ends? Yes No

STAFFING:

Number of Employees: _____ Managers: _____ Full Time: _____ Part Time: _____

Are all employees covered by Worker's Compensation? Yes No

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

If no, please provide details: _____

Have all managers/servers taken the Provincial Server Program or equivalent? Yes No

Are your new employees required to take the course before working? Yes No

Please provide details: _____

If your employees have not taken the course, will you schedule them to take it? Yes No

Does the establishment have a staff training program? Yes No

If yes, provide details: _____

Do you maintain an incident log? Yes No

How long is the log kept and by whom? _____

Procedures In Place Covering:

Handling broken glassware: Yes No Cleaning of spillage: Yes No

Slip, trip and falls: Yes No Provision of First Aid: Yes No

Is the I.D. checked on all patrons that could potentially be underage? Yes No

Do you have written policies and procedures regarding service of alcohol? Yes No

If yes, are they posted for staff members? _____

Are there set procedures for handling intoxicated patrons? Yes No

If yes, describe: _____

Are Police called to handle intoxicated patrons who resist the invitation to leave? Yes No

How many times in last 12 Months? _____

Are patrons evicted from the premises? Yes No Will staff contact a taxi? Yes No

SECTION 4 – BOILER INSURANCE/MECHANICAL BREAKDOWN

Is the coverage required? Yes No

Coverage will follow form to the Property Section

LIMITS OF INSURANCE

Coverage: <input type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils	Deductible	Co-Ins	Limit of Insurance
Building(s) <input type="checkbox"/> ACV <input type="checkbox"/> RC		80% / 90%	\$
Contents <input type="checkbox"/> ACV <input type="checkbox"/> RC		80% / 90%	\$
Equipment <input type="checkbox"/> ACV <input type="checkbox"/> RC		80% / 90%	\$
Consequential Loss of Stock			\$10,000
Electronic Data Processing Equipment		80% / 90%	\$
Profits			\$
Ordinary Payroll			\$
Gross Earnings		80%	\$
Extra Expense		-	\$
Rents or Rental Value Form		100%	\$
Sign Form	\$500	100%	\$
Blanket Glass	\$500	-	\$
Office Equipment		80% / 90%	\$
Fine Arts Floater	\$2,500		\$20,000
Professional Fees	\$2,500		\$25,000
Sewer Back-Up	\$2,500		\$10,000
Earthquake – All Other Provinces <input type="checkbox"/> Yes <input type="checkbox"/> No	3%; Min. \$100,000		\$
Earthquake – BC <input type="checkbox"/> Yes <input type="checkbox"/> No	10%;Min. \$100,000		\$
Flood <input type="checkbox"/> Yes <input type="checkbox"/> No	\$50,000		\$
Valuable Papers and Records	\$2,500	-	\$10,000
Accounts Receivable	\$2,500	-	\$10,000
Newly Acquired or Constructed Buildings	\$2,500		\$1,000,000
Newly Acquired Business Personal Property	\$2,500		\$500,000
Fire Department Service Charges			\$20,000
Peak Season Endorsement			\$25,000
Personal Effects			\$5,000
Property Off Premises	\$2,500		\$10,000

Property In Transit	\$2,500		\$10,000
Damage to Building by Theft			\$5,000
EDP Equipment, Data and Media	\$2,500		\$25,000
Employee Dishonesty - Form A		-	\$
Money Orders and Counterfeit Paper Currency Coverage		-	\$
Depositors Forgery Coverage		-	\$
Credit Card Forgery Coverage		-	\$
Interior, Messenger and Paymaster Robbery		-	\$
Broad Form Money and Securities (overnight coverage is limited to \$250 subject to a ULC/CSA approved minimum Class II Safe or better)		-	\$
Safe Burglary (ULC/CSA approved minimum Class II Safe or better)		-	\$
Liability – Occurrence Form <input type="checkbox"/> CGL <input type="checkbox"/> OLT (PREMISES ONLY)		-	\$
Tenants Legal Liability		-	\$250,000
Aggregate Limit – Products and Completed Operations			\$
Medical Payments	\$2,500	-	\$10,000 Per Person \$10,000 Per Occurrence
Personal Injury	\$2,500	-	\$1,000,000
Advertising Injury	\$2,500	-	\$1,000,000
Non-Owned Automobile – SPF #6		-	\$
S.E.F. #99 Excluding Long Term Leased Vehicles Endorsement			\$
Mechanical Breakdown	\$2,500	80% / 90%	\$
Other Coverage			

BROKER DECLARATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____

Is the applicant financially sound? Yes No Have you personally seen this property? Yes No

Do you recommend this applicant? Yes No Is the property for sale? Yes No

Comments: _____

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: _____ Date: _____

Print Name of Broker/Producer & Brokerage: _____

DISCLAIMER

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application 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) Provides 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 AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.

Signature of Applicant: _____

Date: _____

Name of Applicant: _____

Position: _____

Broker's Signature: _____

Date: _____