



HOSPITALITY RENEWAL QUESTIONNAIRE

INSURED'S NAME:				
RENEWAL DATE:		POLICY #		
DESCRIPTION OF OPERATIONS & ANY COMMENTS THAT MAY AFFECT RENEWAL: (i.e. change of operations)				
CURRENT RECEIPTS:	FOOD	LIQUOR	COVER CHARGE	OTHER:
	\$	\$	\$	Please describe: \$

Number of Employees:	Full Time:		Part Time:	
Hours of Operation:			Days of Operation:	
Licensed Seating Capacity:	Internal:		Patio:	
Pool Tables:	Yes <input type="checkbox"/>	No <input type="checkbox"/> #		
Dance Floor:	Yes <input type="checkbox"/>	No <input type="checkbox"/> #	Total Area (sq. ft.):	
Disc Jockey:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency:	
Rave / All Ages Event:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency:	
Room Rentals:	Yes <input type="checkbox"/>	No <input type="checkbox"/> #		
Bouncers:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Male:	Female:
Arcade Games:	Yes <input type="checkbox"/>	No <input type="checkbox"/> #		
Mechanical Amusement Devices:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Describe:			

Describe the following in detail:

Entertainment: _____

Sporting Activities: _____

Off Site Activities: _____

Has the Insured's liquor permit been revoked or suspended? Yes No

Details: _____

Does the Insured offer Food Delivery Service? Yes No

Has the staff taken the S.M.A.R.T. Program or equivalent? Yes No

Are there set procedures for handling intoxicated patrons? Yes No

Are these procedures post for staff members? Yes No

Is an Occurrence Log kept of all incidents? Yes No For how long? _____

Are all washrooms inspected on a regular basis during business hours? Yes No

Is a contractor hired to perform snow removal operations? Yes No

If a contractor has been hired, has a Certificate of Insurance been requested? Yes No

Other Additional Hazards: _____

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Date: _____

Broker Signature: _____