



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) \_\_\_\_\_

Occupancy by Others [ ] No [ ] Yes If Yes, details: \_\_\_\_\_

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:**

- Building Owner       Pub/Sports Bar       Restaurant       Night Club       Private Club/Legions
- Beer/Liquor Store       Hotel/Motel       Lounge       Adult Entertainment
- 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

Neighboring Exposures: (List All) \_\_\_\_\_

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)	\$	\$
<b>Total Receipts:</b>	\$	\$

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

**DESCRIPTION OF ACTIVITIES:**

Pool Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	No.: _____
Video Lottery Terminals	<input type="checkbox"/> Yes <input type="checkbox"/> No	No.: _____
Dance Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sq Ft: _____
Is this a designated dance area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Drinks allowed on the dance floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How is it monitored: _____
Disc Jockey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Live Bands	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____ Type: _____
Karaoke	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Rave/All Age Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Exotic Dancers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Comedy Club	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Cover Charge	<input type="checkbox"/> Yes <input type="checkbox"/> No	Average/person: _____
Happy Hour	<input type="checkbox"/> Yes <input type="checkbox"/> No	Days: _____ Hours: _____
Athletic Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many: _____
Mechanical Amusement Devices Including Mechanical Bulls	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many: _____
Do you use bubble, foam or dry ice:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe procedure and times used: _____
Sporting Activities/Special Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: _____
Pyrotechnics/Special Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> 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, proved 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 misstated 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: \_\_\_\_\_