



Professional Insurance
Underwriting and
Marketing through Service
Integrity and Stability

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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: (specify):
		\$	\$	\$	\$

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"/>		
If Yes, describe				

Describe the following in detail:

Entertainment	
Sporting Activities	
Off Site Activities	
Has the Insured's liquor permit been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, details: _____	
Is the Insured also the Building Owner? (whether building coverage is requested or not) Yes <input type="checkbox"/> No <input type="checkbox"/>	
In this risk location, is there any occupancy by others? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details below	
Does the Insured offer Food Delivery Service? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the staff taken the S.M.A.R.T. Program or equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there set procedures for handling intoxicated patrons? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are these procedures posted for staff members? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is an Occurrence Log kept of all incidents? Yes <input type="checkbox"/> No <input type="checkbox"/> For how long? _____	
Are all washrooms inspected on a regular basis during business hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is a contractor hired to perform snow removal operations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If a contractor has been hired, has a Certificate of Insurance been requested? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other – Additional Hazards (including neighboring exposures):	

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Date: _____

Broker Signature _____