



Head Office:

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Form: H0100

Hospitality Application

Revised: 08.11.2022

HOSPITALITY INSURANCE APPLICATION

Brokerage Name: _____ City: _____

Contact Name: _____ Tel#: _____

Email: _____ Fax #: _____

Name of Applicant: _____

Operating Name: _____

Website Address: _____

Mailing Address: _____

Risk Location: (as Above, or): _____

Principal Owner(s): _____

Insured Is: Owner Tenant

Landlord's Name & Address: _____

Occupancy by Others: No Yes If Yes, Details: _____

Loss Payee / Mortgagee / Additional Insured (Indicate and Include Address Below):

1. _____

2. _____

INSURANCE EXPERIENCE:

Are You the Broker on Record?: Yes No **If Yes, How Many Years Have You Been Broker of Record?:** _____

Current/Last Insurer: _____ Ex-Date: _____ Exp/Rnwl CGL Premium: _____

Current CGL Limit offer: _____ Current Liquor Liability: _____

Renewal Offered: Yes No If Not, Reason?: _____ offer: _____

Full Insurance History (Going Back at Least 5 Years With Full Operations):

Insurer: _____ Eff/Exp Dates: _____ Coverage: _____

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Insurer: _____ Eff/Exp Dates: _____ Coverage: _____

Insurer: _____ Eff/Exp Dates: _____ Coverage: _____

If This is a New Owner for an Existing Business Please Advise Insurance History of Prior Owner as Well:

Insurer: _____ Eff/Exp Dates: _____ Coverage: _____

Have you had any insurance refused or cancelled within the past 7 years?: Yes No

If yes, please explain: _____

LIST OF ALL LOSSES OR CLAIMS (Whether or not Insured – Sustained During the Past 7 Years On All Operations Owned or Operated or at Location Where Managerial Experience Was Gained):

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?:

New Venture Within the Last 7 Years?: Yes No If yes, Prior Experience in the Hospitality Industry:

Name of Principal:			
Name & Location of Establishment:			
As Owners/Operator or Worked as Manager:			
Dates:	From: to:	From: to:	From: to:
Total # of Years:			

COVERAGE REQUESTED:

- Section 1 – Property Section 2 – Crime
 Section 3 – Commercial General Liability Section 4 – Boiler

GENERAL INFORMATION:

Description of Operations (indicate all that apply):

- Building Owner Pub Restaurant Night Club Private Club
 Lounge Karaoke Karaoke aka KTV Sports Bar Brew Pub
 (Open Format) (Private Rooms)
 Beer/Liquor Store Licensed Hotel Non-Profit Adult Entertainment Banquet Hall
 Wedding Venue Legion Catering/ Off-Premises Events

Other: _____

Describe in Detail the Nature of the Applicants Operations and/or Group:

activities: _____

Is this a seasonal operation?: Yes No

Does the Insured offer food delivery service?: Yes No
(other than through a third party service such as 'Uber Eats' or 'Skip The Dishes')

If Hotel/Motel:

Number of Rented Rooms: _____ Are Rooms Government Subsidized?: Yes No

How Are Rooms Rented: Daily Weekly Monthly

Other, please describe: _____

Do Rental Rooms Have any Cooking Equipment?: Yes No

If yes, please describe: _____

Does the Insured Engage in Rental of Location for Special Functions?: Yes No
(For Which the Insured Does Not Serve Food and Liquor)

If yes, please describe: _____

Does the Insured Have a Written Agreement in Place With the Renters?: Yes No If yes, please attach a copy.

SECTION 1 – PROPERTY

Year Built: _____ Number of Stories: _____

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

Construction (Choose One): Fire Resistive Non-Combustible Masonry
 Brick Veneer Frame

Year of Updates: Roof: _____ Full Partial Type: _____

Plumbing: _____ Full Partial _____

Electricity: _____ Full Partial _____

Heating : _____ Full Partial _____

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

Is the Kitchen Equipped with an Automatic Fire Extinguisher System (CO2 System)?: Yes No Wet Dry

Is There a 6-month 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

Licensed Capacity: Internal: _____ Patio: _____
 Hours of Operation: From: _____ To: _____
 Days of Operation: From: _____ To: _____

GROSS RECEIPTS DECLARATION:

	Actual Revenue This Year:	Last Year:	Two Years Ago:	Projected Gross Receipts For the Coming Year:
Liquor Sales:	\$	\$	\$	\$
Food Sales:	\$	\$	\$	\$
Hall Rental Receipts:	\$	\$	\$	\$
VLTs:	\$	\$	\$	\$
Cover:	\$	\$	\$	\$
Liquor Store:	\$	\$	\$	\$
Merchandise:	\$	\$	\$	\$
Other; describe:	\$	\$	\$	\$
Total Receipts:	\$	\$	\$	\$

DESCRIPTION OF ACTIVITIES:

Pool Tables: Yes No Number: _____

Video Lottery Terminals: Yes No Number: _____

Dance Floor / Standing Space: 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: _____ Type: _____

Live Bands: Yes No Nights/week: _____ Type: _____

Other Entertainment: Yes No Nights/week: _____ Type: _____

Karaoke: Yes No Nights/week: _____

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

Burlesque or Drag Shows: Yes No Nights/week: _____ Type: _____

Exotic Dancers: Yes No Nights/week: _____

Comedy Club: Yes No Nights/week: _____

Cover Charge: Yes No Average/person: _____

Happy Hour: Yes No Days: _____ Hours: _____

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

Do You Use Bubbles, Foam, 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: _____

Security: Yes No If yes, provide details below:

Male: _____ # Female: _____ # of Days: _____

Bouncers (Authorized to Forcibly Eject): _____

Door Control (Check Identification/Count Heads; No Authority to Eject): _____

If bouncers are employed, please provide a list including:

1. Name of Employed Bouncers:
2. Date of Birth or Age:
3. Years of Experience (whether with insured or elsewhere):
4. Security or Registration # (in applicable provinces):
5. Confirm if Any Complaints or Claims Ever Made Against the Individual:
6. Criminal Background Check Done and Clear?: Yes No

Are Bouncers Sub-contracted?: Yes No

If yes, is proof of liability insurance obtained?: Yes No

RISK MANAGEMENT:

If there is stair access to public restrooms do they have all measures in place (handrails, non-slip stairs) to avoid slip and fall?: Yes No

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

If there is a large dance floor is there a plastic cup rule in effect?: Yes No

Do you employ staff to specifically collect empty glasses and bottles?: Yes No

Is there a public phone on premises with a taxi phone number?: Yes No

Is public transport readily available?: Yes No

Is there a designated driver program in place, is it promoted by servers (for example, free non-alcohol drinks to the one in a group who declares they are the designated driver)?: Yes No

Is a contractor hired to remove snow from the insured's property with a certificate of insurance provided? If not, advise details to why not: Yes No

Has the Insured had any food or health violations?: Yes No

Has the liquor permit ever been revoked or suspended?: Yes No

If yes, provide details: _____

* Please note that after completing this application further details of risk management may be requested depending on your type of operation:

STAFFING:

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

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:

and Are Your New Employees Required to Take the Course Before Working?: Yes No

Please provide details: _____

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?: _____

Who Maintains the Log?: _____

Are There 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

Do You Have Written Policies and Procedures Regarding Service of Alcohol and Are They Posted for All Staff Members?: Yes No

What Are the Set Procedures for Handling Intoxicated Patrons and Who Would be Barred From the Premises?:

Are Police Called to Handle Intoxicated Patrons Who Resist the Invitation to Leave?: Yes No

How Many Times in Last 12 Months?: _____ 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

PROPERTY:

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 of Every Description: <input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	80% / 90%	\$
Property Extensions : <input type="checkbox"/> Yes <input type="checkbox"/> No (to follow if quoted)			
Profits:	\$		\$
Ordinary Payroll:	\$		\$
Gross Earnings:	\$	80%	\$
Rents or Rental Value Form:	\$	100%	\$
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		\$
Mechanical Breakdown: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:			
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

CRIME:			
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:			
Liability – Occurrence Form: <input type="checkbox"/> CGL:	\$	-	\$
Tenants Legal Liability:		-	\$
Medical Payments: (\$10,000 Per Person / \$10,000 per Occurrence):		-	\$10,000
Personal Injury:		-	Included
Advertising Injury:		-	Included
Non-Owned Automobile – SPF #6:		-	
S.E.F. #99 Excluding Long-Term Leased Vehicles Endorsement:			
Other Coverage:			

BROKER DECLARATION

Is This Account NEW to Your Office?: Yes No
Is the Applicant Financially Sound?: Yes No
Do You Recommend This Applicant?: Yes No

If No, How Long Have You Known the Applicant?: _____
Have You Personally Seen This Property?: Yes No

Comments: _____

Completion of this application does not bind the company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the Company. I declare that to the best of my knowledge and belief, all the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

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 mis-represents 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: _____

Signature of Broker: _____

Date: _____

Name of Broker: _____