



Head Office:

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Form: H0101

**Hospitality Renewal
 Questionnaire**

Revised: 08.11.2022

HOSPITALITY RENEWAL QUESTIONNAIRE

Insured's Name:				
Renewal Date:				Policy #:
Have There Been Any Changes to the operations Since the Last SWG Application Was Signed By the Insured?:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please Provide an Updated and Signed SWG Application:			
Actual Receipts:	Food:	Liquor:	Other: (specify):	Other: (specify):
Please Provide Accurate Numbers From Their Financial Audit From the Past Year:	\$	\$	\$	\$
Have There Been Any Unreported Losses or Situations That Could Give Rise to a Loss in the Past 12 Months?:		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please Provide Full Details:		

South Western Insurance Group Limited is committed to protecting personal information by complying with the 'Personal Information Protection' and 'Electronic Documents Act' and similar provincial privacy laws. By submitting this application, the applicant consents to the collection, use and disclosure of the information contained herein, and any other information South Western Insurance Group Inc. reasonably requires for the purpose of considering, evaluating, and underwriting the proposed risk. South Western Insurance Group Inc. will only disclose information relating to persons or organization necessary for the purposes described above. A copy of South Western Insurance Group Inc.'s 'Privacy Statement' is available upon request.

Date: _____

Insured's Signature _____