

Hospitality Application

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Date: _____

Mandatory Requirements

1. Application must be completed in full and signed by the client.
2. A logbook of Incidents is to be maintained by the Insured or implemented within 6 weeks. Coverage will be terminated for non-compliance of logbook implementation.

Description of Operations

Hotel: Restaurant: High End Restaurant: Pub:
Lounge: Private Club: Nightclub/Cabaret: Other:

If a "Lounge, Private Club or Other" is checked, please describe:

Applicant Information

Legal Name of Insured: _____

Mailing Address: _____

Risk Address: _____

Applicant Phone # _____

Description of Operations:

Contact Person: _____ Phone Number of Contact Person: _____

Web Site Address: www. _____

Occupancy by Applicant: _____ By Others: _____

Name(s) and Address(es) of Mortgagee(s) or Landlord(s):

1. _____

2. _____

Existing Insurer: _____ Policy No.: _____ Expiry Date: _____

Renewal Offered: If not, why not: _____

Expiring Premium: _____ Target Premium: _____

Has the Insured ever been cancelled or declined ? (If so, please attach details)

PROTECTION

Distance to: fire hydrant? _____ firehall? _____ paid or volunteer? _____
 Are premises sprinklered? Yes / No Percentage sprinklered? _____ %
 Number of portable extinguishers? _____ Type? _____ Date last serviced? _____

Building Construction:	Original Building	First Addition	Second Addition
Walls			
Roof			
Floors			
Year Built			
Type of Heating			
Ground Floor Area			
Fuses or Breakers			
Overfusing			
Occupancy - First floor: <input type="checkbox"/> - Second floor: <input type="checkbox"/> - Third floor: <input type="checkbox"/>			

Year of Plumbing			
Year of Heating			
Year of Wiring			
Year of Roof			

Is there a CO2 system? Yes / No Wet Yes / No
 Regular maintenance in place: Yes / No
 Dimensions of safe? _____ X _____ X _____ Class? _____ Alarmed? _____
 How often are deposits made? _____ By whom? _____

ALARM DETAILS

	FIRE	BURGLARY
Local or Monitored?		
Monitoring Company?		
U.L.C. Rated?		
Dedicated Line?		
% of Premises Alarmed?		

PROPERTY QUESTIONNAIRE

LIABILITY

1. Do you have a valid Liquor License / Permit? Yes / No

If yes, please provide License / Permit number: _____

Has your License / Permit ever been suspended or revoked in the past 5 years? Yes / No

If yes, please explain:

2. What are the estimated Annual Gross Receipts:

	Estimated annual gross receipts
Liquor: on premises:	
Liquor: off premises:	
Food:	
Rooms:	
Cover Charge / Door Receipts:	
VLT's:	
Misc. Receipts:	

Please describe Misc. receipts: _____

3. Do you have Swimming or Wading Pool, Hot Tub? Water Slide

Is there a lifeguard on duty? Exercise Room?

4. What is the Seating Capacity of the premises?

Internal: Patio: Other:

5. What are the hours of operation? _____

6. Number of years in business at this location _____? at other locations _____?

7. Have all owners, managers taken the Provincial Responsible Server Program its Equivalent?

Yes / No

8. Are all new employees who may serve alcohol required to take the Provincial Responsible Server Program within 45 days of being hired? If not, why?

Yes / No

9. Are your customers subjected to a metal detector upon entry to your premises?

Yes / No

10. Recreation / Entertainment / Amusement Facilities:

Description		Nights per Week
Dance Floor(s): Number _____ Total square footage _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Disc Jockeys :	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Live Bands : Type of Music _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Karaoke:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Exotic Dancers:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Darts: Number of boards _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Pool Tables: Number of tables _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Mechanical amusement Device:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Other – Describe:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	

Special Lightning: Strobe Pyrotechnics Other

Other, please specify: _____

11. Do you employ door control? Yes / No

If yes, specify: Bouncers (authorized to Forcibly Eject)

Door Security (Check Identification / count heads, not Authorized to Eject)

Host or Hostess (to seat customers only)

If Bouncers, are they employees? or Subcontractors?

Is "Identification" checked on ALL patrons who look underage? Yes / No

Who would be barred form the premises? _____

12. Is there always a Manager or Asst. Manager on duty in addition to servers? Yes / No

13. Do servers attempt to determine whether a patron will be driving after leaving the premises?
 Yes / No

Is the Designated Driver Program in use in your establishment and promoted by the servers?
 Yes / No

Do you have food and non-alcoholic beverages readily available? Yes / No

14. What is the procedure in the following situations?

(1) Impaired patrons arrive at your establishment? _____

(2) Patrons who become impaired at your establishment? _____

(3) Patrons who fight or become disruptive or abusive? _____

(4) Patrons who are impaired and leave your establishment alone? _____

Is a taxi service available to your establishment? Yes / No

Will your staff call a taxi for patrons? Yes / No

15. Please provide details of ALL losses/claims or unpaid in the past 6 years:

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Please note it is your responsibility to make the necessary inquiries going back 5 years.

16. Other notes applicable to the operations:

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COVERAGES AND LIMITS REQUIRED

	FORM	COINS.	DED. (\$2500 Min.)	LIMIT REQUIRED	TARGET PREMIUM
PROPERTY: Building					
Stock					
Equipment					
Profits					
Gross Earnings					
Extra Expense					
Rental Income					
Ext. Glass					
Detached Sign					
E.D.P.					
Cons. Loss					
Other:					
CRIME: B F M & S					
Inside & Outside					
Emp. Dishonesty					
LIABILITY:					
Commercial General Liab.	Occ/Agg		\$5000 (Min)		
Tenants Legal	Broad		\$1000		
Non-owned Auto					

Note: Target premium is not a quote or a required field, always base an estimate on our minimum and/or an increase of previous years premium.

Claims/Financials/Inspections will be a factor in the underwriters' decisions on premium/deductible requirements to quote.

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Protection and Electronic Documents Act (PIPEDA)

(Print Name of proposed insured)

Signature of Insured & Title

Date

Signature of Broker

Date

Witness

Date

NOTE: Failure to complete this form in full on New Business submissions and Renewal quotes prior to expiry of current policy will result in non-renewal and a lapse of policy from coverholder. Information contained herein may be forwarded for further acceptance from lead underwriters for final decision on quote.