

*(Please print clearly)*

**BROKER INFORMATION**

Brokerage: \_\_\_\_\_ Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**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.

**APPLICANT INFORMATION**

Legal Name of Insured: \_\_\_\_\_

Operating Name of Insured: \_\_\_\_\_

Principals Name(s): \_\_\_\_\_

Phone Number (for inspection if written): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Risk Address: \_\_\_\_\_

(Attach a separate sheet for additional locations)

Web Site address: www. \_\_\_\_\_

Occupancy By Applicant: \_\_\_\_\_ By Others: \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Existing Insurer: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_ Expiring Rate: \_\_\_\_\_

Renewal Offered: \_\_\_\_\_ If not, why not: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_ Target Premium: \_\_\_\_\_

Has the Insured ever been cancelled or declined \_\_\_\_\_ ? Details: \_\_\_\_\_

Financial Status: \_\_\_\_\_

Please provide details of all losses/claims (paid or unpaid) in past five (5) years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of years in business at this location \_\_\_\_\_ ? at other locations \_\_\_\_\_ ?

**PROPERTY QUESTIONNAIRE**

Building Construction:	Original Building	First Addition	Second Addition
Number of Stories			
Walls			
Roof			
Floors			
Year Built			
Type of Heating			
Wood Stoves			
Ground Floor Area			
Fuses or Breakers			
Year of Up-dates			
Plumbing			
Heating			
Wiring			
Roof			

Glass: plain plate \_\_\_\_\_ Thermopane replacement cost - \_\_\_\_\_

Housekeeping:  Good  Fair  Poor

**EXPOSURES:**

	Right	Left	Front	Rear
Construction				
Height				
Distance				

**ALARM DETAILS**

	FIRE	BURGLARY
Local or Monitored?		
Monitoring Company?		
U.L.C. rated?		
Dedicated line?		
% of premises alarmed?		

Neighborhood: \_\_\_\_\_

Crime Statistics: \_\_\_\_\_

## PROTECTION

- Distance to: fire hydrant? \_\_\_\_\_ firehall? \_\_\_\_\_ paid or volunteer? \_\_\_\_\_
- Is kitchen equipped with: deep fat fryer? \_\_\_\_\_ grill? \_\_\_\_\_ Auto ext. system type? \_\_\_\_\_
- Is there a 6-month maintenance contract in effect? \_\_\_\_\_ Service Company name - \_\_\_\_\_
- Are premises sprinklered?  Yes /  No Percentage sprinklered? \_\_\_\_\_%
- Number of portable extinguishers? \_\_\_\_\_ Type? \_\_\_\_\_ Date last serviced? \_\_\_\_\_
- Dimensions of safe? \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ Class? \_\_\_\_\_ Alarmed? \_\_\_\_\_
- How often are deposits made? \_\_\_\_\_ By whom? \_\_\_\_\_
- Do you have an A.T.M. on premises? (*ask about our ATM programme*)  Yes /  No
- Are your customers subjected to a metal detector upon entry to your premises?  Yes /  No

## LIABILITY QUESTIONNAIRE

- Description of Insured?  Pub -  Lounge -  NightClub -  Bar -  Private Club -  Other  
(if you checked "Private Club" or "Other" please specify: \_\_\_\_\_)
- Have all owners, managers and servers taken Provincial Responsible Server program?  Yes /  No
- Are all new employees who may serve alcohol required to have or to take a Provincial Responsible Server program within 45 days of employment?  Yes /  No
- Is there always a Manager or Assistant Manager on duty in addition to servers?  Yes /  No
- Do you use door control?  Yes /  No If  Yes specify:  Bouncers -  Door Security
- Number of "Bouncers"? \_\_\_\_\_ Are "Bouncers" employees? \_\_\_\_\_ or sub-contractors? \_\_\_\_\_
- Do you have a cover charge?  Yes /  No
- Do you have a written house policy?  Yes /  No
- Does staff receive a copy of it and training on it?  Yes /  No
- Do you check identification on ALL patrons who could be underage?  Yes /  No
- Does your staff promote the Designated Driver Programme?  Yes /  No
- Do you have a valid Liquor License or permit? \_\_\_\_\_ (If Yes - License/Permit # \_\_\_\_\_)
- Have you incurred any Provincial Liquor Control Board violations and/or suspensions in the past (5) years?  Yes /  No
- If "YES", please provide dates and situations: \_\_\_\_\_

- Hours of operation: \_\_\_\_\_ Days per week: \_\_\_\_\_
- Is your staff aware of procedures for handling intoxicated patrons?  Yes /  No
- Are these procedures posted so all staff may refer to them?  Yes /  No
- Does the operation have a "Happy Hour"  Yes /  No
- If you answered  Yes, please provide hours and frequency: \_\_\_\_\_

**LIABILITY QUESTIONNAIRE (cont'd)**

What is the procedure for 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 premises alone? \_\_\_\_\_

Will your staff arrange transportation for intoxicated patrons leaving your premises?  Yes /  No

Do you do any deliveries?  Yes /  No

Do you rent your premise for special functions?  Yes /  No

If "Yes" Please describe: \_\_\_\_\_

Do you provide staff for serving liquor at these functions?  Yes /  No

Do you have a swimming/wading pool?  Yes /  No Elevators?  Yes /  No

What percentage of your "bar" customers order a meal with their beverages? \_\_\_\_\_ %

Licensed capacity: Internal - \_\_\_\_\_ Patio - \_\_\_\_\_ Other - \_\_\_\_\_

Total number of rooms licensed? \_\_\_\_\_ Total square footage of licensed rooms? \_\_\_\_\_

Number of rooms rented: Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

Do you have a stand up bar?  Yes /  No

Do you sell low (2.5% products)?  Yes /  No

Do you have a mechanical amusement device (Owned/Operated)  Yes /  No

If yes, please describe: \_\_\_\_\_

Class of clientele: \_\_\_\_\_

What is your establishments total sales figures broken down as follows:

	FOOD	ALCOHOL	COVER CHARGE	ROOMS
Actual last 12 mths:				
Estimate next 12mths:				
Other Income:				
- Source				
- Receipts				



**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.

