



**GROUP ONE INSURANCE SERVICES**

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**HOSPITALITY APPLICATION**

**BROKERAGE:** \_\_\_\_\_

Broker contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**INSURED:**     Individual     Partnership     Corporation     Joint Venture

Full Legal Name of Applicant: \_\_\_\_\_

Operating Name: \_\_\_\_\_

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

Risk Location: \_\_\_\_\_

Principal Owner(s): \_\_\_\_\_ Website Address: \_\_\_\_\_

Has the principal or any active partner filed for bankruptcy?     Yes     No    If yes, provide details: \_\_\_\_\_

Insured is:     Owner     Tenant    Landlord's Name & Address: \_\_\_\_\_

Is the landlord to be added as an additional Insured on binding?     Yes     No

Loss Payee / Mortgagee / Additional Insured (include address below):

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

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

**INSURANCE EXPERIENCE:**     New Business     Renewal    Are you incumbent broker?     Yes     No

Existing Insurer: \_\_\_\_\_ Target Premium Required: \_\_\_\_\_

Renewal Offered:     Yes     No    If not, why? \_\_\_\_\_

Have you had any insurance refused or cancelled within the past 5 years?     Yes     No

If yes, please explain: \_\_\_\_\_

**LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:**

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?  
 \_\_\_\_\_

**Operating Experience:**

New Venture: Yes No If yes, prior experience in the hospitality industry: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years of Current Ownership: \_\_\_\_\_ Years at this Location: \_\_\_\_\_

Prior operating experience/number of years at other locations: \_\_\_\_\_

Existing Locations (Names and Addresses) to enable credit to be applied: \_\_\_\_\_

Is this a family run business: \_\_\_\_\_

**COVERAGE REQUESTED**

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

**GENERAL INFORMATION:**

**Description of Operations:**

- Adult Entertainment
- Pub/Sports Bar
- Restaurant
- Night Club
- Private Club/Legions
- Beer/Liquor Store
- Hotel/Motel
- Lounge
- Other: \_\_\_\_\_

Describe in detail the nature of the applicants operations and/or group activities (i.e. Private Clubs/Legions):

Is this a seasonal operation? Yes No

Number of Rented Rooms: \_\_\_\_\_ Are rooms Government subsidized? Yes No

How are rooms rented: Daily Weekly Monthly What % of rooms are rented on a monthly basis: \_\_\_\_\_

Other, please describe: \_\_\_\_\_

Do Rental Rooms have any cooking equipment? Yes No

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

**SECTION 1 – PROPERTY**

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Are you responsible for building insurance? Yes No

Total Area: \_\_\_\_\_ sq ft Area Occupied By Insured : \_\_\_\_\_ sq ft Occupies Basement? Yes No

**Structure**

- Type: Industrial Plaza Strip Plaza Stand-Alone Building Commercial/Residential
- Commercial Condo Other: \_\_\_\_\_

- Walls: Frame Brick Veneer Masonry HBC Non-Combustible
- Stucco Alum. Siding Fire Resistive Others: \_\_\_\_\_

Floor: Concrete Wood Joist Wood Others: \_\_\_\_\_

Roof: Wood Joist Steel Deck Concrete Patent Others: \_\_\_\_\_

Heating: Gas Electric Oil Combination Furnace Wood Stove Others: \_\_\_\_\_

Electrical: Fuses: \_\_\_\_\_ Circuit Breakers: \_\_\_\_\_

Year of Updates: Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Electrical : \_\_\_\_\_ Roof: \_\_\_\_\_

Fire Protection:  Fire hydrant within 300 metres/1000 feet  Fire Hall within 8km  Unprotected  
 Paid  Volunteer Distance to Responding Fire Department: \_\_\_\_\_  
 Sprinklered:  Yes \_\_\_\_\_ %  No

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 If yes:  Vegetable Oil  Animal Fat

Does the operation include grilling?  Yes  No

Is the kitchen equipped with an automatic fire extinguisher System (CO2 System)?  Yes  No  Wet  Dry

Is there a 6 months 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 Seating Capacity: Internal: \_\_\_\_\_ Patio: \_\_\_\_\_ Other: \_\_\_\_\_

Hours of Operation: From: \_\_\_\_\_ To: \_\_\_\_\_

Days of Operation: From: \_\_\_\_\_ To: \_\_\_\_\_

### GROSS RECEIPTS DECLARATION:

	Annual Gross Receipt	Projected Gross Receipt
Food Sales	\$	\$
Liquor Sales	\$	\$
Cover Charge	\$	\$
VLTs	\$	\$
Room Sales	\$	\$
Liquor Store Sales	\$	\$
Others (details)	\$	\$
<b>Total Receipts:</b>	\$	\$

If other, provide details of what makes up that revenue: \_\_\_\_\_

**DESCRIPTION OF ACTIVITIES:**

Pool Tables Yes No No.: \_\_\_\_\_

Video Lottery Terminals Yes No No.: \_\_\_\_\_

Dance Floor 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: \_\_\_\_\_

Live Bands Yes No Nights/week: \_\_\_\_\_

Entertainment Yes No Nights/week: \_\_\_\_\_ Type: \_\_\_\_\_

Karaoke Yes No Nights/week: \_\_\_\_\_

Rave/All Age Events Yes No Nights/week: \_\_\_\_\_

Exotic Dancers Yes No Nights/week: \_\_\_\_\_

Comedy Club Yes No Nights/week: \_\_\_\_\_

Cover Charge Yes No Average/person: \_\_\_\_\_

Happy Hour Yes No Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Athletic Events Yes No How many: \_\_\_\_\_

Mechanical Amusement Devices Including Mechanical Bulls Yes No How many: \_\_\_\_\_

Do you use bubble, foam or dry ice: Yes No Describe procedure and times used: \_\_\_\_\_

Sporting Activities/Special Events Yes No If yes, please describe: \_\_\_\_\_

Pyrotechnics/Special Lighting Yes No

Describe in detail: \_\_\_\_\_

Are Customers subjected to a metal detector upon entry to your premises? Yes No

Door Control Yes No # Male: \_\_\_\_\_ # Female: \_\_\_\_\_ # of days: \_\_\_\_\_

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)

Do you employ security? Yes No Sub-contracted: Yes No

If subcontracted, proved name of Security Company: \_\_\_\_\_

Is proof of liability insurance obtained? Yes No

Have any security/doorman taken the basic security training course? Yes No

Are all door persons/security licensed under the Provincial Security Act as of Nov 1, 2009? Yes No

Does the Insured engage in rental of location for special functions (i.e. weddings, banquets, etc.)? Yes No

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

Do you or your staff provide liquor serving at these functions? Yes No

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

**OPERATIONS:**

Is there stair access to public restrooms?  Yes  No

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

Is there a plastic cup rule in effect?  Yes  No

Is beer sold in Jugs?  Yes  No

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

Does the Insured offer food delivery service?  Yes  No

Is there a Taxi/Public phone on premises with a phone number?  Yes  No

Is public transport readily available?  Yes  No

Is there a designated driver program in place, is it promoted by servers?  Yes  No

Do you provide valet parking?  Yes  No

Is a contractor hired to perform snow removal operations?  Yes  No

Is a certificate of insurance provided?  Yes  No

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

Has the insured's liquor permit ever been revoked or suspended?  Yes  No

If yes, provide details: \_\_\_\_\_

Who would be barred from the premises: \_\_\_\_\_

Are employees permitted to consume alcohol on the applicant's premises prior to, during or after their shift ends?  Yes  No

**STAFFING:**

Number of Employees: \_\_\_\_\_ Managers: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Are all employees covered by Worker's Compensation?  Yes  No

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?  Yes  No

Are your new employees required to take the course before working?  Yes  No

Please provide details: \_\_\_\_\_

If your employees have not taken the course, will you schedule them to take it?  Yes  No

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 and by whom? \_\_\_\_\_

**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

Is the I.D. checked on all patrons that could potentially be underage?  Yes  No

Do you have written policies and procedures regarding service of alcohol?  Yes  No

If yes, are they posted for staff members? \_\_\_\_\_

Are there set procedures for handling intoxicated patrons?  Yes  No

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

Are Police called to handle intoxicated patrons who resist the invitation to leave?  Yes  No

How many times in last 12 Months? \_\_\_\_\_

Are patrons evicted from the premises?  Yes  No 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**

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 <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Equipment <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Consequential Loss of Stock			\$
Electronic Data Processing Equipment		80%/90%	\$
Profits			\$
Gross Earnings		80%	\$
Extra Expense		-	\$
Rents or Rental Value Form		100%	\$
Sign Form	\$500	100%	\$ 10,000
Blanket Glass	\$500	-	\$ Blanket
Office Equipment		80%/90%	\$
Fine Arts Floater	\$2,500		\$ 20,000
Professional Fees	\$2,500		\$ 25,000
Sewer Back-Up	\$2,500		\$ 10,000
Earthquake – All Other Provinces <input type="checkbox"/> Yes <input type="checkbox"/> No	3% or \$100,000		\$
Earthquake – BC <input type="checkbox"/> Yes <input type="checkbox"/> No	10% or 100,000		\$
Flood <input type="checkbox"/> Yes <input type="checkbox"/> No	\$50,000		\$
Valuable Papers and Records	\$2,500	-	\$ 10,000
Accounts Receivable	\$2,500	-	\$ 10,000
Newly Acquired or Constructed Buildings	\$2,500		\$ 1,000,000
Newly Acquired Business Personal Property	\$2,500		\$ 500,000
Fire Department Service Charges			\$ 20,000
Peak Season Endorsement			\$ 25,000
Personal Effects			\$ 5,000
Property Off Premises	\$2,500		\$ 10,000
Property In Transit	\$2,500		\$ 10,000
Damage to Building by Theft			\$ 5,000

EDP Equipment, Data and Media	\$2,500		\$ 25,000
Employee Dishonesty		-	\$
<b>Coverage:-</b>	<b>Deductible</b>	<b>Co-Ins</b>	<b>Limit of Insurance</b>
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 – Occurrence Form <input type="checkbox"/> CGL <input type="checkbox"/> OLT (PREMISES ONLY)		-	\$
Tenants Legal Liability		-	\$ 250,000
Aggregate Limit – Products and Completed Operations			\$
Medical Payments	\$2,500	-	\$ 10,000 Per Person \$ 10,000 Per Occurrence
Personal Injury	\$2,500	-	\$1,000,000
Advertising Injury	\$2,500	-	\$1,000,000
Non-Owned Automobile – SPF #6		-	\$
S.E.F. #99 Excluding Long Term Leased Vehicles Endorsement			\$
Mechanical Breakdown	\$2,500	80%/90%	\$
Other Coverage			

**BROKER DECLARATION**

Is this account NEW to your office? Yes No If no, how long have you known the applicant? \_\_\_\_\_

Is the applicant financially sound? Yes No Have you personally seen this property? Yes No

Do you recommend this applicant? Yes No Is the property for sale? Yes No

Comments: \_\_\_\_\_

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Broker/Producer & Brokerage: \_\_\_\_\_

**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 misrepresents 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: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_