



GROUPONE INSURANCE SERVICES

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www.grouponeis.com

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):

Does the insured have a valid liquor license issued in the same name as the Insured?

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 How often ? _____

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)	\$	\$
Total Receipts:	\$	\$

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

DESCRIPTION OF ACTIVITIES:

Pool Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	No.: _____
Video Lottery Terminals	<input type="checkbox"/> Yes <input type="checkbox"/> No	No.: _____
Dance Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sq Ft: _____
Is this a designated dance area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Drinks allowed on the dance floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How is it monitored: _____
Disc Jockey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Live Bands	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____ Type: _____
Karaoke	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Rave/All Age Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Exotic Dancers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Comedy Club	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights/week: _____
Cover Charge	<input type="checkbox"/> Yes <input type="checkbox"/> No	Average/person: _____
Happy Hour	<input type="checkbox"/> Yes <input type="checkbox"/> No	Days: _____ Hours: _____
Athletic Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many: _____
Mechanical Amusement Devices Including Mechanical Bulls	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many: _____
Do you use bubble, foam or dry ice:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe procedure and times used: _____
Sporting Activities/Special Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe: _____
Pyrotechnics/Special Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe in detail: _____		

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

Door Control Yes No # 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, provide 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 themselves? Yes No
- Does the Insured offer food delivery service through a third party i.e. Uber Eats / Skip The Dishes? 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
 If yes, please provide Certificate of Insurance showing Insured as an Additional Insured?
 If no, please explain

- 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? _____

Written 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 & written guidelines 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

Coverage:-	Deductible	Co-Ins	Limit of Insurance
Employee Dishonesty		-	\$
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: _____