GROUPONE INSURANCE

GROUPONE 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):

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	☐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 # 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 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:– ☐Broad Form ☐Named Perils	**Deductible**	**Co-Ins**	**Limit of Insurance**
Building(s) ☐ACV ☐RC		80%/90%	$
Contents ☐ACV ☐RC		80%/90%	$
Equipment ☐ACV ☐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 ☐Yes ☐No	3% or $100,000		$
Earthquake – BC ☐Yes ☐No	10% or 100,000		$
Flood ☐Yes ☐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 ☐CGL ☐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 STATEMENS.

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: _____