



HOSPITALITY PROGRAMME APPLICATION

Calgary Office

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OFFICE USE ONLY:

Town Grade: _____

(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		Original Building	Additions
Number of Stories			
Year Built			
Square Footage			
Type of Heating			
Wood Stoves			
Basement			
CONSTRUCTION		Original Building	Additions
Walls			
Roof			
Floors			
MECHANICAL TYPE		Renovations / Updates (Year) Please note : Complete or Partial	
Electrical		Electrical	
Plumbing		Plumbing	
Heating		Heating	
Fuel Used		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 # _____) Yes / No

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.

OFFICE USE ONLY:

PRIOR-SUBMIT REQUIREMENTS FROM UNDERWRITERS.

ATTN: _____

LEAD COMPANIES RATE, DEDUCTIBLE IF SUBSCRIPTION: _____

ADDITIONAL COMMENTS/RECOMMENDATIONS: _____
