



HOSPITALITY PROGRAMME APPLICATION

Calgary Office

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OFFICE USE ONLY:

Town Grade: _____

(Please print clearly)

BROKER INFORMATION

Broker: _____ Broker Fax No.: _____

Broker's Name: _____ Broker Phone No.: _____

MANDATORY REQUIREMENTS

1. Application must be completed in full and signed by the client.
2. A log book of incidents is to be maintained by the insured or implemented within 6 weeks. Coverage will be terminated for non-compliance of logbook implementation.

DESCRIPTION OF OPERATIONS:

HOTEL _____ RESTAURANT _____

HIGH END RESTAURANT _____ PUB _____ LOUNGE _____ PRIVATE CLUB _____

NIGHTCLUB/CABARET _____ OTHER _____

If a "Lounge, Private Club or Other" is checked, please describe:

APPLICANT

Name of Insured: _____

Mailing Address: _____

Risk Address: _____

Description of Operations _____

Website: http://www. _____

Occupancy of Others _____

Number of Year in Business _____

Name(s) and Address(es) of Mortgagee(s) _____ or Landlord(s) _____

1. _____

2. _____

Existing Insurer: _____ Policy No.: _____ Expiry Date: _____

Renewal Offered: _____ If not, why not: _____

Expiring Premium: _____ Target Premium: _____

Has the Insured ever been cancelled _____ or declined _____? (If so, please attach details)

PROTECTION

Distance to: fire hydrant? _____ firehall? _____ paid or volunteer? _____

Are premises sprinklered? _____ Percentage sprinklered? _____%

Number of portable extinguishers? _____ Type? _____

Dimensions of safe? _____ X _____ X _____ Class? _____ Alarmed? _____

How often are deposits made? _____ By whom? _____

ALARM DETAILS

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

PROPERTY QUESTIONNAIRE

Building Construction:	Original Building	First Addition	Second Addition
Walls			
Roof			
Floors			
Year Built			
Type of Heating			
Ground Floor Area (Sq ft)			
Fuses or Breakers			
Overfusing			
Occupancy	First Floor	Second Floor	Third Floor
Year of Plumbing		Year of Heating	
Year of Wiring		Year of Roof	

- Do you have a valid Liquor License / Permit: _____
 If yes, please provide License / Permit Number: _____
 Has your License / Permit ever been suspended or revoked in the past 5 yrs: ____
 If yes, please explain: _____
- What are the estimated Annual Gross Receipts:
 Liquor: On premises: _____
 Liquor: Off Premises: _____
 Food: _____
 Rooms: _____
 Cover Charge/ Door Receipts: _____
 VLT's _____
 Misc. Receipts: _____
 Please describe Misc. receipts: _____
- Do you have swimming or Wading Pool, Hot Tub _____ Water Slide _____
 Is there a Lifeguard on duty? _____ Exercise Room? _____
 Is access restricted to Guests only? _____
- What is the Seating Capacity of the premises?
 Internal: _____ Patio: _____ Other: _____

5. Have all owners, managers taken the Provincial Responsible Server Program its Equivalent? _____

6. Are all new employees who may serve alcohol required to take the Provincial Responsible Server Program within 45 days of being hired? If not, Why?

7. Are your customers subjected to a metal detector upon entry to your premises? ____YES ____NO

8. Recreation / Entertainment / Amusement Facilities:

Description	Yes	No	Nights per Week
Dance Floor (SQ FT. _____)	_____	_____	_____
Disc Jockeys	_____	_____	_____
Live Bands:	_____	_____	_____
Type of Music: _____			
Karaoke:	_____	_____	_____
Exotic Dancers:	_____	_____	_____
Darts:	_____	_____	_____
Pool Tables:	_____	_____	_____
Mechanical Amusement Device: _____	_____	_____	_____
Special lighting: Strobe/ Pyrotechnics/Other:	_____	_____	_____
Other, please specify: _____			

9. Do you employ Door Control? Yes _____ No _____

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)

If Bouncers, are they employees? _____ or Subcontractors? _____

Is " Identification" checked on ALL patrons who look underage? _____

Who would be barred from the premises? _____

10. Is there always a Manager or Asst. Manager on duty in addition to Servers?

11. Do Servers attempt to determine whether a patron will be driving after leaving the Premises? _____

Is the Designated Driver Program in use in your establishment and promoted by the Servers? _____

Do you have food and non-alcoholic beverages readily available? _____

12. What is the Procedure for the following situations?

A. Impaired patrons who arrive at your establishment: _____

B. Patrons who become impaired at your establishment: _____

C. Patrons who fight or become disruptive or abusive: _____

D. Patrons who are impaired and leave your establishment alone: _____

Is taxi service available to your establishment? _____ Will your staff call taxi's for patrons?

13. Please provide details of ALL losses/claims paid or unpaid in the past 5 years:

Please note it is your responsibility to make the necessary inquiries going back 5 years.

Other notes applicable to the operations:

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: