



**HOSPITALITY PROGRAMME APPLICATION**

**SIMCOE OFFICE**  
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**APPLICANT INFORMATION**

Legal Name of Insured: \_\_\_\_\_

Operating Name of Insured \_\_\_\_\_

Mailing Address incl Postal Code \_\_\_\_\_

Risk Address incl Postal Code \_\_\_\_\_

Website Address \_\_\_\_\_

Principal Name(s) \_\_\_\_\_

Phone Number \_\_\_\_\_

Number of Years in Business At this location \_\_\_\_\_

At other locations \_\_\_\_\_

Number of Years Experience \_\_\_\_\_

Name and Address of Mortgagee(s) \_\_\_\_\_

Occupancy by Insured Restaurant \_\_\_\_\_ Pub \_\_\_\_\_ Bar/Tavern \_\_\_\_\_

Lounge \_\_\_\_\_ Legion \_\_\_\_\_ Private Club \_\_\_\_\_

Night Club \_\_\_\_\_ Strip Club \_\_\_\_\_ Banquet Hall \_\_\_\_\_

Other (explain) \_\_\_\_\_

Occupancy by Others \_\_\_\_\_

Current Insurer \_\_\_\_\_ Expiry Date \_\_\_\_\_

Expiry Premium \_\_\_\_\_ Target Premium \_\_\_\_\_

Renewal Offered? \_\_\_\_\_ If not, why not? \_\_\_\_\_

Has Insured ever been cancelled or declined? \_\_\_\_\_ Details \_\_\_\_\_

Loss/Claim History in Last Five (5) Years \_\_\_\_\_

Steps Taken to Prevent Further Losses \_\_\_\_\_

**PROTECTION DETAILS**

BUILDING CONSTRUCTION		ORIGINAL BUILDING		ADDITIONS	
Year Built					
Number of Storeys					
Ground Floor Area					
Walls					
Roof					
Floors					
Type of Heating					
Any Wood Stoves					
Fuses or Breakers					
Year Updated, if over 25 yrs		Plumbing		Heating	
		Wiring		Roof	

PROTECTION	Distance to		Fire Hydrant			
			Fire Hall		Paid/Volunteer	
	Number of Portable Extinguishers					
	Type?				Date Last Serviced?	
	Premises Sprinklered?			Percentage Sprinklered?		
	Is Kitchen Equipped with		Deep Fat Fryer		Grill?	
	CO2 System in Cooking Area				6 Mth Maintenance Contract?	

EXPOSURES	RIGHT	LEFT	FRONT	REAR
Occupancies				
Construction				
Height				
Distance				

ALARM DETAILS	FIRE	BURGLARY
Local or Monitored?		
Monitoring Company?		
ULC Rated?		
Dedicated Lines?		
% of Premises Alarmed		

**MONEY HANDLING DETAILS**

How often are deposits made?	
By Whom?	
Dimensions of Safe	
Class of Safe	
Alarmed?	

What is your Establishments Total Sales Figures (broken down as follows):

	Food	Alcohol	Cover Charge	Rooms
Actual Last 12 Months				
Estimate Next 12 Months				
Other Income Estimates	Source			
	Receipts			

**ACTIVITIES DETAILS**

Dance Floor(s)	Number	_____	Total Sq Footage	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disc Jockey	Number of nights a week	_____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Type of Music	_____				
Live Bands	Number of nights a week	_____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Type of Music	_____				
Comedy Club					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Karaoke					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Darts	Number of Boards	_____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pool Tables	Number of Tables	_____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arcade Games	Number of Games	_____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Events or Promotions (Provide Promotional Material and Describe Below)					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Describe	_____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Describe	_____			Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>OTHER NOTES APPLICABLE TO ACTIVITIES DETAILS, OPERATIONS, PAST EXPERIENCE, ETC</b>	

**LIABILITY DETAILS**

- Do you have a valid Liquor License or Permit? (License Permit # \_\_\_\_\_) Yes  No
- Have you incurred any Provincial Liquor Control Board violations and/or suspensions in the Last Five (5) Years? Yes  No

If yes, please provide dates and situations \_\_\_\_\_

- What is your Licensed Capacity:

Internal \_\_\_\_\_

Patio \_\_\_\_\_

Other (describe) \_\_\_\_\_

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 alcohol (2.5%) products? Yes  No
- What is the Age Group of your Patrons and Class of Clientele? \_\_\_\_\_
- Do you do any deliveries? Yes  No
- Do you rent your premises for special functions? Yes  No

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

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

- Hours of Operations: \_\_\_\_\_ Days per Week: \_\_\_\_\_

- Does the operation have a "Happy Hour"? Yes  No

If yes, please provide the hours and frequency \_\_\_\_\_

- Do you have a swimming/wading pool? Yes  No

- Do you have any Elevators?

- Do you have a mechanical amusement devices (owned/operated)

If yes, please describe use and class of clientele \_\_\_\_\_

- What percentage of your "Bar" customers order a meal with their beverages? \_\_\_\_\_

- 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 check identification of ALL patrons who could be underage? Yes  No
- Do you use door control? Yes  No 
  - If Yes, Specify Bouncers Yes  No  Number of Bouncers \_\_\_\_\_
  - Are Bouncers Employees Yes  No  Sub-Contractors Yes  No
  - Door Security Yes  No
- 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
- Does your Staff promote the Designated Driver Program?
- Is your staff aware of procedures for handling intoxicated patrons?
- Are these procedures posted so all staff may refer to them?
- 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? \_\_\_\_\_

**COVERAGES REQUIRED**

	<b>FORM</b>	<b>DEDUCTIBLE</b>	<b>LIMIT</b>
<b>PROPERTY</b>			
Building			
Stock			
Consequential Loss			
Equipment			
Office Contents			
EDP Equipment			
Blanket Glass			
Signs			
Other (Specify):			
Gross Earnings			
Profits			
Rents			
Extra Expense			
Other (Specify):			
<b>CRIME</b>			
Broad Form Money & Securities			
Inside / Outside Robbery			
Employee Dishonesty (Form A)			
Other (Specify):			
<b>LIABILITY</b>			
Commercial General Liability			
Tenant's Legal Liability			
Non Owned Automobile			
Other (Specify):			

**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 Applicant & Title

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date

**BROKER INFORMATION**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Website Address \_\_\_\_\_

Broker's (Marketer's) Name \_\_\_\_\_

Email address \_\_\_\_\_