

Hospitality Application

DATE: _____

QUOTE REQUIRED BY: _____

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____

FAX: _____

Toll Free: _____

MORTGAGEE/LEASEES:

1. _____ AMOUNT: \$ _____
2. _____ AMOUNT: \$ _____
3. _____ AMOUNT: \$ _____

If more than 2 mortgagees, or the amount of the mortgagees are high in relation to the value of the building/contents, give full explanation.

BUILDING CONSTRUCTION:

WALLS: _____ ROOF: _____ # STORIES _____

HEATING _____

BUILDING # 1 YEAR BUILT: _____ SQ. FOOTAGE _____
BUILDING # 2 YEAR BUILT: _____ SQ. FOOTAGE _____
BUILDING # 3 YEAR BUILT: _____ SQ. FOOTAGE _____

OWNER/TENANT: _____

Occupied by Insured as (FULL DETAILS): _____

Occupied by Others: _____

SPRINKLERED _____ MONITORED _____ TYPE _____

PROTECTION: Hydrants _____ Fire Alarm _____ Monitored _____
Smoke Detectors _____ Burglar Alarm _____ ULC _____

Extent of Alarm Protection (Give Full Details eg. All openings, Motions, Monitored, By Whom)

CO² or Dry Chemical System covers all cooking areas: _____

If no give details _____

Hood, Ducts, Filters cleaned how often? _____ by whom? _____

Semi-annual maintenance contract in place? _____ Date serviced _____

Name of Contractor _____ Phone # _____

TYPE OF ESTABLISHMENT

Fine Dining _____ Family Restaurant _____

Roadhouse _____ Fast Food _____

Deli/Snackbar _____ Other _____

If Other, give full details and recommendations why we should insure risk:

Is there a dance floor? _____ If yes, give details of condition: _____

Live Entertainment? _____ If yes, give details: _____

Licensed? _____ Seating Capacity: _____

Current Annual Receipts _____

Current Annual Liquor Receipts: _____

Current Annual Food Receipts: _____

Value of Liquor/Wine/Beer stock kept on premises: _____

If exceeds \$10,000 where is it kept (eg. separate locked room): _____

Is the stock room alarmed? _____

Are all staff trained? (eg. Server Intervention Programme) _____

If no, which staff are trained: _____

How are intoxicated patrons recognized/handled? _____

Are bouncers used _____

If yes, give full details on how and do they have S.I.P. Programs: _____

Are cigarettes sold? _____ Value of Stock? _____

How is the stock stored overnight? _____

What are the hours of operation? _____

Who has keys to the premises? _____

How much cash is kept on premises: During Business Hours: _____

Overnight: _____

Safe: _____ Class: _____ Location: _____

Alarm Protection: _____

How often are deposits made: _____ By whom: _____
 How far to bank: _____ How money is transported: _____
 Money taken home overnight: _____ By whom: _____
 How do you treat waiters/waitresses handling cash: _____

How long has the Restaurant been in business: _____
 If less than three (3) years, give full details of current owners' experience _____

List all claims in last three (3) years _____

Prior Insurer: _____ Policy #: _____ Expiry: _____
 If ever cancelled or non-renewed, give reason why: _____

Premium: \$ _____ Premium required: \$ _____

COMMENTS: _____

PRODUCER: _____

Auto Expiry: _____ Home Expiry: _____

Life – Yes/No

COVERAGE

PRESENT COVERAGES/DEDUCTIBLES/LIMITS/PREMIUM

Broad Form,	deductible,	Replacement Cost
Building	_____	
Stock and Equipment	_____	
Glass	_____	
Signs	_____	
Liability	_____	
Business Interruption	_____	
Boiler and Machinery	_____	
Crime	_____	
Employee Dishonesty	_____	
Pollution	_____	
Cellular Phone	_____	
Off Premises Coverages	_____	
Other Assets	_____	
Other	_____	
 Last Appraisal	 _____	 By Whom: _____