



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: hospitality@tottengroup.com Website: www.tottengroup.com

HOSPITALITY PROGRAM
LIQUOR LICENSED ESTABLISHMENT APPLICATION

General Section

Brokerage Name: _____

Broker Contact: _____ Broker Tel: _____ Broker Fax: _____

Operating name: (please print): _____

Principals name(s): _____ Phone Number: _____

Risk address: _____ Postal Code: _____

Mailing Address: _____ Postal Code: _____

Insured's Web site Address: _____

Insured is: [] Owner [] Tenant Landlord's Name _____

Description of operations (check appropriate box):
Pub/sports Bar: [] Restaurant: [] Night Club: []
Private Club: [] Hotel/ Motel: [] Adult Entertainment: []
Others: [] Occ. of Others: _____ # of Room rentals: _____

If checked "Private Club" or "Others" please provide a list of activities and attach to application.

Name and address of mortgages:

1. _____

2. _____

Is this new business to your office: [] Yes [] No

Existing Insurer: _____ Expiry date: _____

Expiring Premium: _____ Policy #: _____

Target Premium: _____

Will they renew: [] Yes [] No Reason for non-renewal: _____

Has the insurance been cancelled / declined insurance (including broiler) [] Yes [] No

(If yes, please attach details) _____

Previous Losses: [] Yes [] No
(5 years – please attach full details, date, reserve, cause, class, open/closed, etc.)

Liability: _____

Other: _____

Number of years the insured has been in business at this location: _____

Prior operating experience / number of years at other locations: _____

Is the business a seasonal operation? [] Yes [] No

If at other locations, name and address of locations to enable an experience credit to be applied: _____

Have you incurred any provincial liquor control board violations and/or suspensions in the past 5 years? [] Yes [] No

Has the liquor permit been suspended or revoked during the past 5 years? [] Yes [] No

If yes, provide details: _____

Does the insured engage in rental of location for special functions (i.e. weddings, banquets, etc): _____

Property Section

Building Construction: Fire Resistive: (_____ %) Non combustible: (_____ %) Masonry: (_____ %)
Frame: (_____ %) Others: (_____ %)

If others, please describe: _____

Roof Construction: Concrete Steel Wood Floor Construction: _____

Heating Type: _____ Electrical Type: Fuses Circuit Breakers

Year Updated: Full or partial _____ Roof _____ Heating _____ Electrical _____ **Plumbing** _____

Occupancy: 1st Floor _____ Sq. ft 2nd Floor _____ Sq. ft
3rd Floor _____ Sq. ft Other _____ Sq. ft

Distance to firehall: _____ km Hydrant Protection: _____

Year building built: _____ Total number of stories in building: _____

Are you responsible for building insurance? Yes No Total sq ft of all floors occupied by the business (incl basement) _____

Premises Sprinklered: Yes No Sprinklered %: _____

Video lottery terminal coverage required? Yes No **Amount:** _____

Number of video lottery terminals: _____ Number of billiard pool tables: _____

Is there an alarm system connected for fire detection? Yes No

Is the kitchen equipped with: Deep fat fryer Grill (hot plate)

Is there a CO2 system in the kitchen: Yes No Wet or dry system: _____

Is there a 6 month maintenance contract in effect: Yes No

CO2 Maintenance Company: _____

Are kitchen grease traps cleaned and serviced regularly? Yes No

Water Damage Questionnaire

Water Main/Supply:

Does the Applicant/Tenant know where to isolate their unit(s)?

Yes No

Hot Water Tank(s):

For large tanks, is there a working floor drain with sufficient dyking or flow to the drain so as to enable the capacity of the tank to drain without causing damage to surrounding property?

Yes No N/A

Is the large tank drained and inspected internally at the very least every 6 years for parging or corrosion damage?

Yes No N/A

For small tanks, is each tank placed in a drain pan with provisions made for the safety relief valve to drain without causing damage?

Yes No N/A

Have the small tanks been replaced within the past 10 years?

Yes No N/A

Central Hot Water or Steam Heating:

Is proper drainage provided for the boiler room?

Yes No N/A

Are radiators and piping protected from freezing?

Yes No N/A

Leakage from Appliances:

Are appliances connected with braided hoses?

 Yes No N/A

Were the appliances installed by professionals?

 Yes No N/A**Sump Pump(s):**

Is there a sump pump?

 Yes No N/A

Pump(s) tested on regular basis?

 Yes No N/A

Is there a supervised alarm?

 Yes No N/A**Stock Storage:**

All stock skidded or shelved as needed?

 Yes No N/A**Crime Section**Alarm System: Local Monitored Make of alarm _____

Monitoring company: _____

Safe make: _____ Safe class: _____ Safe dimensions: _____

Frequency of bank deposits: _____ Deposited by whom: _____

*** Overnight coverage is limited to \$250.00 unless contained in a minimum class II safe*****Liability Section**

Licensed Capacity: Pub/sports Bar: _____ Restaurant: _____

Private Club: _____ Hotel/ Motel: _____

Night Club: _____ Adult Entertainment: _____

Roof top patio, ground level, other: _____ Other: _____

Total # of Rooms licensed: _____ Number of employees: _____ Full time: _____ Part time: _____

Gross Receipts: Liquor: \$ _____ Food: \$ _____ VLT's: \$ _____

Cover Charges: _____ Liquor Store Sales: \$ _____ Others: \$ _____

Liquor receipts should not include beverage mix (pop), coverage charge, coat checks, etc. Include in other.

Describe Other: _____

If the insured rents out the facility to another party, does the insured require proof of insurance from this other party adding the insured as an additional named insured: Yes No _____

Other additional exposures: _____

(1) Are your customers subjected to a metal detector upon entry to your premises: Yes No(2) All ages/under age raves and events: Yes No(3) Pyrotechnics: Yes No(4) Mechanical Bulls: Yes No

How many stairwells lead to/from the establishment: _____ How many fire exits are available to customers: _____

Hours of Operation: from: _____ to: _____ # Days Open: _____

Security Personnel / Bouncers: In-house: _____ Sub-contracted: _____ # of security personnel: _____

Liability Section Continued

How are patrons evicted from premises: _____

Under what circumstances are patrons called: _____

Is the I.D. checked on all patrons that could potentially be underage: Yes No

If a customer becomes intoxicated, how are they handled: _____

Is service of alcohol stopped? Yes No Will staff contact a taxi? Yes No

Taxi / Public phone in the premises with phone number: Yes No Is public transport readily available? Yes No

Is there a designated driver program in place? Yes No If yes, describe: _____

Other measures taken: _____

Do you have valet parking? Yes No

Have managers/servers taken S.M.A.R.T. program or equivalent: Yes No

Does your establishment have a staff training program? Yes No

Are all employees covered by workers compensation? Yes No

Have you ever had any food or health violations? Yes No If yes, please explain: _____

Do you maintain an incident log? Yes No

Do you contract out maintenance work? (ie. snow clearing) Yes No If yes, provide details: _____

Recreational or entertainment Facilities provided: _____

Description	Nights/ week	Description	Nights/ week	Square feet
Comedy	_____	Dance floor	_____	_____
Disc Jockeys	_____	Exotic Dancers	_____	_____
Karaoke	_____	Live Band	_____	Types of music: _____
Special Events	_____	Others	_____	Describe: _____
Cover Charge	_____	Average per person	_____	

Does the operation have happy hour? Yes No If yes, please provide hours and frequency: _____

Applicant Declaration

Consumer and previous insurer reports containing personal, credit, factual or investigative 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.

Should a policy be issued through Totten InsuranceGroup, the policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract:
 - a) gives 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 wilfully 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 STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE TOTTEN INSURANCE GROUP INC. AND MY BUSINESS.

DATE: _____ SIGNATURE OF APPLICANT: _____

COVERAGES & LIMITS REQUIRED

APPLICANT: _____

CLASS OF COVERAGE	DEDUCTIBLE	LIMITS REQUIRED	
BUILDING	\$2,500		
CNTS (INCL. TENANTS IMPR.)	\$2,500		
ELECTRONIC EQUIPMENT (LIGHT, SOUND, ATM)	\$2,500		
CONSEQUENTIAL LOSS OF STOCK	\$2,500	\$10,000	
PROFITS FORM	\$2,500		
GROSS EARNINGS - 80% CO	\$2,500		
EXTRA EXPENSE	\$2,500		
RENTAL INCOME	\$2,500		
BLANKET GLASS	\$500		
DETACHED SIGN	\$500		
SATELLITE DISH	\$500		
OFFICE EQUIPMENT FLOATER	\$2,500		
FINE ARTS FLOATER	\$2,500	\$20,000	INCLUDED
PROFESSIONAL FEES	\$2,500	\$25,000	INCLUDED
EDP EQUIPMENT & MEDIA	\$2,500	\$25,000	INCLUDED
NEWLY ACQUIRED OR CONSTRUCTED BUILDINGS	\$2,500	\$1,000,000	FOR 90 DAYS
NEWLY ACQUIRED BUSINESS PERSONAL PROP	\$2,500	\$500,000	FOR 90 DAYS
VALUABLE PAPERS	\$2,500	\$10,000	INCLUDED
ACCOUNTS RECEIVABLE	\$2,500	\$10,000	INCLUDED
PROPERTY IN TRANSIT	\$2,500	\$10,000	INCLUDED
PROPERTY OFF PREMISES	\$2,500	\$10,000	INCLUDED
EARTHQUAKE	3% OR \$100,000		
EARTHQUAKE	10% OR \$100,000		BC/QUEBEC
FLOOD	\$50,000		
SEWER BACKUP	\$2,500		
EMPLOYEE DISHONESTY – “FORM A”			
BROAD FORM MONEY & SECURITIES			
BOILER INSURANCE	\$2,500		
MECHANICAL BREAKDOWN	\$2,500		
COMMERCIAL GENERAL LIABILITY			
TENANTS LEGAL LIABILITY		\$250,000	INCLUDED
NON-OWNED AUTO			
MEDICAL PAYMENTS	\$0	\$10,000 PER PERSON \$10,000 PER OCCURRENCE	INCLUDED
PERSONAL INJURY	\$0	\$1,000,000	INCLUDED
ADVERTISING INJURY	\$0	\$1,000,000	INCLUDED
OTHER COVERAGES			

PROPERTY & CRIME
THEFT LIMITATION ENDORSEMENT

THE FOLLOWING CLAUSE LIMITS THE COVERAGE PROVIDED UNDER THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED.

Where loss of or damage to property insured occurs by theft from the insured premises as specified in the "Declarations Page" or when the Insured premises are unattended or closed for business, the Insurer shall be liable only if:

- (a) The Insured premises are protected by the Intrusion Detection System and/or the Access to Premises Deterrent method described in the application for this coverage.
- (b) The Intrusion Detection System and/or the Access to Premises Deterrent method is fully operational at the time of the loss; and
- (c) The Insured premises are securely locked at the time of the loss.
- (d) In the case of "money" and "securities", while locked within a safe rated ULC Class II/TL-15 or better. While not locked within a safe rated ULC Class II/TL-15 or better, the limit for "money" and "securities" is reduced to \$250.00 on overnight coverage.

VIOLATION OF THE CONDITIONS SET FORTH HEREIN SHALL RENDER COVERAGE PROVIDED BY THIS POLICY NULL AND VOID.

OTHER TERMS:

All other terms and conditions of the Policy remain unchanged.

Signature of Insured: _____

Date Signed _____