



**HOSPITALITY APPLICATION**

1. Name of Broker: \_\_\_\_\_
2. Applicant's Business Name: \_\_\_\_\_
3. Operating Name(s): \_\_\_\_\_
4. Website Address: \_\_\_\_\_ PUBCO Member .....  YES  NO
5.  Sole Proprietor     Partnership     Corporation     Non-Profit Association     Other?
6. Mailing Address: \_\_\_\_\_
7. Legal Address: \_\_\_\_\_
8. Type of Establishment:
  - Restaurant                       Pub             Lounge         Private Club     Billiards / Pool Hall
  - Veterans Hall                       Bar             Tavern         Night Club      Adult Entertainment
  - Building Owner Only     Other – Describe: \_\_\_\_\_
9. Operating Since: \_\_\_\_\_ Years of Experience in this Type of Business: \_\_\_\_\_
10.  Is this a Seasonal Operation? If Yes Describe \_\_\_\_\_
11. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol or had your liquor license suspended /revoked or any decisions or disciplinary action pending? ..  YES  NO  
 If Yes, please provide # of days of suspensions/revocation and detailed description of violation/infraction: \_\_\_\_\_  
 \_\_\_\_\_
12. Financial Information:
 

Liquor/Wine/Spirits Receipts	\$ _____	Name Of Accountant	_____
Food Receipts	\$ _____	Fiscal Year End	_____
Cover Charge Receipts	\$ _____	Payroll	_____
Other Receipts	\$ _____	Details of Other:	_____
Total Annual Receipts	\$ _____		
13. Total Seating Capacity: \_\_\_\_\_ License Capacity Including Patio: \_\_\_\_\_
14. Total Square Footage of Operations: \_\_\_\_\_ Square Footage of Patio: \_\_\_\_\_
15. \_\_\_# of Stairwells. - Any Exterior Stairwells?  YES  NO Construction of Stairwells: \_\_\_\_\_
16. Are treads and handrails in proper working order and in free from obstructions ?.....  YES  NO
17. Describe the type of Flooring: \_\_\_\_\_
18. Are the Floor is a good state of repair with slip resistant surfaces?: .....  YES  NO
19. Describe Emergency Lighting: \_\_\_\_\_



20. Are exterior doors properly fitted with emergency panic hardware?.....  YES  NO

21. Do you have or are you responsible for a parking lot?  YES  NO If Yes - ..... \_\_\_\_ # of Spaces  
Describe Lighting: \_\_\_\_\_

22. \_\_\_\_ # of Full Time Employees, \_\_\_\_ # of Part Time Employees, \_\_\_\_ # of Employees Handling Cash.

23. Have all servers been through any server training?  YES  NO Which Program: \_\_\_\_\_

24. Any Bouncers Doorman?  YES  NO If Yes, Do you have written Procedures?  YES  NO

25. Method of verifying ID and Age of entrants: \_\_\_\_\_

26. Do you have a "Ride Home Program"?.....  YES  NO

27. Do you enforce a Dress Code? .....  YES  NO

28. Do Employees use their own vehicles in the course of daily operations?.....  YES  NO

Describe how often and for what purpose: \_\_\_\_\_

29. Does the business hire / rent vehicles? .....  YES  NO

Describe how often and for what purpose: \_\_\_\_\_

30. Entertainment

Live Entertainment  YES  NO Details: \_\_\_\_\_

Dance Floor  YES  NO Square Footage of Dance Floor: \_\_\_\_\_

Mechanical Devices  YES  NO Details: \_\_\_\_\_

Pool Table(s)  YES  NO Pool Table(s): \_\_\_\_\_

Punching Bag Machines  YES  NO DJ  YES  NO

Electronic Games  YES  NO Karaoke  YES  NO

Catering  YES  NO Dart Boards  YES  NO

Describe other Activities on Premises: \_\_\_\_\_

Describe other Activities Sponsored or Operated Off Premises: \_\_\_\_\_

Describe Age Restrictions or Activities Provided for All Ages Including Raves: \_\_\_\_\_

31. Are Food Services Provided on the Premises.....  YES  NO

32. Are all foods properly labelled and refrigerated? .....  YES  NO

33. Are all meals checked before serving to be free of foreign objects? .....  YES  NO

34. How often are the premises treated for pest control purposes ? ( Monthly ? ) \_\_\_\_\_

35. Has the establishment ever been sited for violations of any Health or Safety codes? .  YES  NO

Describe: \_\_\_\_\_



36. Is the Building Owner Occupied?.....  YES  NO

If No: What is the Term of the lease: From \_\_\_\_\_ To \_\_\_\_\_

Is the applicant responsible for the Tenants Improvements Under the lease?.....  YES  NO

If Yes: Were improvements installed at the applicants expense?.....  YES  NO

If Yes: Date Installed \_\_\_\_\_ and Total Value of Improvements \$ \_\_\_\_\_

If No: Value of Tenants Improvements at inception of lease \$ \_\_\_\_\_

37. Is the risk located in or have space located in a basement or below ground level?.....  YES  NO

38. Construction Details:

Date Building was Constructed: \_\_\_\_\_ And \_\_\_\_\_ # of Stories

Wall Construction Material: \_\_\_\_\_ Floor Construction Material: \_\_\_\_\_

Roof Construction Material: \_\_\_\_\_ Covering: \_\_\_\_\_ Year Updated: \_\_\_\_\_

Wiring Material: \_\_\_\_\_ Amps: \_\_\_\_\_  Breakers  Fuses Year Updated: \_\_\_\_\_

Other Describe: \_\_\_\_\_

Plumbing Material: \_\_\_\_\_  Partial Galvanized Year Updated: \_\_\_\_\_

Heating Type: \_\_\_\_\_ Fuel: \_\_\_\_\_ Year Updated: \_\_\_\_\_

Air Conditioning:  YES  NO Roof Mounted:  YES  NO

39. Hydrants within 1000'  YES  NO, Distance to Responding Fire Hall: \_\_\_\_\_

40. Is the Building/Premises Sprinklered? ..  YES  NO,

Type of Sprinkler Alarm - None / Local / Monitored or Central Station

41. Does the Building/Premises have a Fire Alarm?  YES  NO,

Type of Fire Alarm - None / Local / Monitored or Central Station

42. If Cooking on site please describe equipment Including number of fryers \_\_\_\_\_

43. Are any Deep Fat Fryers being used?.....  YES  NO

Are Fryers Equipped with Automatic Temperature Controlled Power Shut off? .....  YES  NO

44. Is the Automatic Fire Suppression System Protecting the cooking units a Wet Chemical System and ULC 1254.6 or ULC 300 Compliant? .....  YES  NO

All cooking Units Protected?  YES  NO, Semi Annual Maintenance Contract?  YES  NO

Is the Kitchen equipped with "K" type Portable Fire Extinguishers? .....  YES  NO

45. Are Ducts Steam Cleaned Regularly?  YES  NO, Frequency: \_\_\_\_\_ By Who? \_\_\_\_\_

46. Provide details of Number, Size and Type of Portable Extinguishers (Excluding the Kitchen): \_\_\_\_\_

47. Does the Premises have a Security Alarm?  YES  NO,

Type of Security Alarm - None / Local / Monitored or Central Station

Contacts on all openings  YES  NO Motion Detectors  YES  NO



48. Is the Premises Monitored by Video Surveillance Camera's .....  YES  NO

49. Are Metal Detectors used at all entrance points? .....  YES  NO

50. Are Monies kept in a safe or vault? .....  YES  NO

Describe or provide a Photo: \_\_\_\_\_

51. Please describe exposures to the Building/Premises

East: \_\_\_\_\_ West: \_\_\_\_\_

North: \_\_\_\_\_ South: \_\_\_\_\_

Other Occupancies in building: \_\_\_\_\_

52. Details of most recent insurance - Expiry Date: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_ Insurer: \_\_\_\_\_

53. Has the applicant ever had their insurance cancelled or coverage refused:.....  YES  NO

Describe: \_\_\_\_\_

54. Current Broker: \_\_\_\_\_ Since: \_\_\_\_\_

55. Describe all Losses / Claims in the Past (5) Five years:

Date of Loss	Cause of Loss	Pay Out / Reserve
_____	_____	_____
_____	_____	_____
_____	_____	_____

56. Details of Mortgagees / Loss Payables:

\_\_\_\_\_  
\_\_\_\_\_

57. Details of Additional Insured's (describe legal relationship to the applicant):

\_\_\_\_\_  
\_\_\_\_\_

58. Broker Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Phone / Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_



### Coverage and Limits Required

Is Replacement Cost Endorsement Required on Building <input type="checkbox"/> YES <input type="checkbox"/> NO Equipment <input type="checkbox"/> YES <input type="checkbox"/> NO				
Building must be built after 1970 and be upgraded within 10 years to be eligible for Replacement Cost.				
Coverage	Limit	Deductible	Form	Co %
Building <input type="checkbox"/> Including By Laws	\$	\$	<input type="checkbox"/> Named Perils or <input type="checkbox"/> All Risk	80% 90%
Tenants Improvements	\$			
Equipment	\$			
Stock	\$			
Consequential Loss	\$			
Office Contents	\$			
Computer Equipment	\$			
Valuable Papers	\$			
Accounts Receivable	\$			
Sign Floater	\$			
Automatic Fire Suppression Recharge	\$			
Fees To Substantiate a Loss	\$			
<input type="checkbox"/> Exterior Building Glass	Plain Flat Glass Thermopane		Linear Ft.	
Business Interruption	\$		Profits Gross Earnings	100% co 80% co 50% co
Extra Expense	\$			
Rental Income	\$			100%
<input type="checkbox"/> \$50,000 Sewer Back Up	<input type="checkbox"/> Flood		<input type="checkbox"/> Earthquake	
Employee Dishonesty	\$		Form A	
Money & Securities	\$		<input type="checkbox"/> Hold-Up or <input type="checkbox"/> BFM&S	
Stock & Equip Burglary	\$		* Only required if Named Perils on Property	
Damage to Building By Burglary	\$		* Only required if Named Perils on Property	
General Liability	\$	\$		
Tenant Legal Liability	\$	\$		
Non Owned Auto	\$			
<input type="checkbox"/> SEF #94	\$			
Boiler & Machinery Consequential Loss	<input type="checkbox"/> Include \$	<b>As per Property Deductible</b>		