Chesterfield Canada Inc

Hospitality Application Form

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 _____

_____

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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		

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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 ☐ No ☐
Disc Jockey	Number of nights a week		_____	Yes ☐ No ☐
	Type of Music		_____	
Live Bands	Number of nights a week		_____	Yes ☐ No ☐
	Type of Music		_____	
Comedy Club				Yes ☐ No ☐
Karaoke				Yes ☐ No ☐
Darts	Number of Boards		_____	Yes ☐ No ☐
Pool Tables	Number of Tables		_____	Yes ☐ No ☐
Arcade Games	Number of Games		_____	Yes ☐ No ☐
Special Events or Promotions (Provide Promotional Material and Describe Below)				Yes ☐ No ☐
Other	Describe		_____	Yes ☐ No ☐
Other	Describe		_____	Yes ☐ No ☐

OTHER NOTES APPLICABLE TO ACTIVITIES DETAILS, OPERATIONS, PAST EXPERIENCE, ETC

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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☐

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- 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? _____

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COVERAGES REQUIRED

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

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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 _____