

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
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APPLICATION – GENERAL LIABILITY INSURANCE – HOSPITALITY

Name of Applicant: _____

Mailing Address: Street _____
City _____
Province _____ Postal code _____

Risk Address: Street _____
(if different than above) City _____
Province _____ Postal code _____

Website: _____

Owner/Contact person: (for inspection) _____
Phone: _____ Email: _____

1. BUSINESS OF THE APPLICANT

Please describe fully the operations of the establishment:

Date of Incorporation: _____ Number of years operating under this name: _____

Restaurants Canada member: Yes No

BIAT (Business Insurance Action Team) member: Yes No

Experience of Owner/ Operations Manager: _____

Licensed Capacity: _____

Change of operations on certain days or after certain hours: Yes No

(i.e. restaurant converting to lounge/ club)

If yes, please provide additional details:

Hours of Operations

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

2. PREVIOUS INSURANCE

Carrier: _____ Expiry Date: _____

Is Renewal Being Offered: Yes No

Expiring Premium: \$ _____ Expiring Limit: \$ _____

Has cover been cancelled or declined in the past? Yes No If Yes, why?

3. CLAIMS AND CIRCUMSTANCES

Please provide 5 year claims experience including details of any incidents or events known to the Applicant that may give rise to a claim. (Attach separate sheets as necessary)

DATE	DESCRIPTION	PAID	AMOUNTS OUTSTANDING	EXPENSE	STATUS
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

Any previous food or health violations: _____

4. EMPLOYEES AND VOLUNTEERS

Staff

(a) Full time # _____

(b) Part time # _____

Are all servers SMART serve certified or equivalent? Yes No

Is there an in-house staff training program/ policy? Yes No

Is there a Designated Driver Program in place at the establishment? Yes No

Does the Applicant use volunteers? Yes No

If Yes, how many? # _____

How are they screened? _____

5. PREMISES LIABILITY

Please describe each location occupied by the Applicant:

ADDRESS	SQUARE FOOTAGE	OCCUPIED	TLL REQUIRED?	LIMIT
a)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
b)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
c)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
d)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

If Tenants Legal Liability is required for any location please provide C.O.P.E. details:

If any of the above premises, in whole or in part, are leased or rented to others, please confirm that evidence of premises liability insurance is obtained from all tenants. Yes No Please provide details.

Please describe standard housekeeping and maintenance procedures:

Total # of means of egress: _____

Emergency Evacuation procedures in place: Yes No

Fire suppression system maintained every 6 months: Yes No

Do you have a formal policy in place for handling intoxicated patrons: Yes No

Are spill monitoring logs kept on file: Yes No

Are incident logs kept on file for at least 2 years: Yes No

CCTV system in place: Yes No

Floor Construction: (non-slip, concrete, wood, carpeted, etc.):

Are tables, chairs and stools: Modular Fixed to the ground

Stairs throughout the establishment: Yes No

If Yes, do they all have railings to code, and adequate lighting? Yes No

Any balconies accessible by the public: Yes No

All elevations marked properly (LED, slit signage, etc.): Yes No

Dancefloor: Yes No

(if Yes, please provide total square footage) _____

Live Music: Yes No

(if Yes, please provide additional details, genres, nights and times, etc.)

Any poles, mechanical bulls, games, or any other amusement devices: Yes No

(if Yes, please provide additional details)

6. LIQUOR LIABILITY

Revenues for your last fiscal year:

Food: \$ _____ Alcohol: \$ _____

Other (please provide details along with splits):

Projecting revenues for your next fiscal year:

Food: \$ _____ Alcohol: \$ _____

Other (please provide details along with splits):

Total # of units of alcohol sold last fiscal year (through Point of Sale system or provincial velocity report)

Beer: _____ **Wine:** _____ **Liquor:** _____

7. SECURITY

Security Guards/ Bouncers Used Yes No

If Yes to Security:

Are they acting exclusively as security staff or do they have other roles at the establishment: Yes No

(if No, please provide additional details)

Are they registered under Private Security and Investigative Services Act 2005 Yes No

of in-house Security Guards: _____ # of subcontracted Security Guards: _____

Name of subcontracted company: _____

Certificates of insurance obtained: Yes No Not Applicable

How are patrons evicted from the premises if required to do so:

Do you have a formal Security and Safety policy in place: Yes No

Is ID checked for all patrons that could potentially be underage: Yes No

8. LIMITS OF LIABILITY REQUESTED

Commercial General Liability Form

CGL each occurrence Limit \$ _____
Personal Injury and Advertising Injury Limit \$ _____
Medical expense Limit (any one person) \$ _____
General Aggregate Limit \$ _____
Products- Completed Operations Aggregate limit \$ _____

Deductible Options \$ _____
\$ _____

9. ADDITIONAL COVERAGE REQUIRED

Non-owned Automobile Limit \$ _____
SEF 94 Limit \$ _____
Deductible \$ _____

Additional Insureds (specify):

Other Limit \$ _____

(Specify) _____

Please use this space for any additional information (where the space provided was insufficient).

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____



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