

# TOTTEN GROUP

I N S U R A N C E

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

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## 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:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Landlord's Name _____
Description of operations (check appropriate box):	
Pub/sports Bar: <input type="checkbox"/>	Restaurant: <input type="checkbox"/> Night Club: <input type="checkbox"/>
Private Club: <input type="checkbox"/>	Hotel/ Motel: <input type="checkbox"/> Adult Entertainment: <input type="checkbox"/>
Others: <input type="checkbox"/>	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.	_____
Existing Insurer:	_____ Expiry date: _____
Expiring Premium:	_____ Policy #: _____
Target Premium:	_____
Will they renew:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason for non-renewal: _____
Has the insurance been cancelled / declined insurance (including boiler) <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, please attach details) _____	
Previous Losses: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the liquor permit been suspended or revoked during the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> 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: 1<sup>st</sup> Floor \_\_\_\_\_ Sq. ft 2<sup>nd</sup> Floor \_\_\_\_\_ Sq. ft

3<sup>rd</sup> Floor \_\_\_\_\_ Sq. ft Other \_\_\_\_\_ Sq. ft

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 %: \_\_\_\_\_

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

#### Sewer Back-up:

Any instances of sewer back-up over the past 5 years?

Yes  No

If yes, please provide details: \_\_\_\_\_

#### Water Main/Supply:

Is the Applicant/Tenant/Staff aware of and have access to the shut-off valve)?

Yes  No

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? Dyking? Floor Drain?

Yes  No  N/A

#### Leakage from Appliances:

Are appliances connected with braided hoses?

Yes  No  N/A

#### Sump Pump(s):

Is there a sump pump?

Yes  No  N/A

Is there a supervised alarm?

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: \_\_\_\_\_

(1) All ages/under age raves and events:  Yes  No

(2) Mechanical Bulls:  Yes  No

Hours of Operation: from: \_\_\_\_\_ to: \_\_\_\_\_ # Days Open: \_\_\_\_\_

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

How are patrons evicted from premises: \_\_\_\_\_

Under what circumstances are policed 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

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

Does your establishment have a staff training program?  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

Description	Nights/ week	Description	Nights/ week	Square footage of Dance floor
Comedy	_____	Dance floor	_____	_____
Disc Jockeys	_____	Exotic Dancers	_____	
Karaoke	_____	Live Band	_____	Types of music: _____

What is the search protocol for patrons entering the premises? \_\_\_\_\_

### 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 Insurance Group, 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	\$25,000	
BUSINESS INTERRUPTION	\$2,500		
EXTRA EXPENSE	\$2,500		
RENTAL INCOME	\$2,500		
DETACHED SIGN	\$500		
SATELLITE DISH	\$500		
OFFICE EQUIPMENT FLOATER	\$2,500		
FINE ARTS FLOATER	\$2,500	\$25,000	<b>INCLUDED</b>
PROFESSIONAL FEES	\$2,500	\$25,000	<b>INCLUDED</b>
EDP EQUIPMENT & MEDIA	\$2,500	\$25,000	<b>INCLUDED</b>
NEWLY ACQUIRED OR CONSTRUCTED BUILDINGS	\$2,500	\$1,000,000	<b>FOR 90 DAYS</b>
NEWLY ACQUIRED BUSINESS PERSONAL PROP	\$2,500	\$500,000	<b>FOR 90 DAYS</b>
VALUABLE PAPERS	\$2,500	\$25,000	<b>INCLUDED</b>
ACCOUNTS RECEIVABLE	\$2,500	\$25,000	<b>INCLUDED</b>
PROPERTY IN TRANSIT	\$2,500	\$10,000	<b>INCLUDED</b>
PROPERTY OFF PREMISES	\$2,500	\$25,000	<b>INCLUDED</b>
EARTHQUAKE	3% OR \$100,000		
EARTHQUAKE	10% OR \$100,000		<b>BC/QUEBEC</b>
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	<b>INCLUDED</b>
NON-OWNED AUTO			
MEDICAL PAYMENTS	\$0	\$10,000 PER PERSON \$10,000 PER OCCURRENCE	<b>INCLUDED</b>
PERSONAL INJURY	\$0	\$1,000,000	<b>INCLUDED</b>
ADVERTISING INJURY	\$0	\$1,000,000	<b>INCLUDED</b>
OTHER COVERAGES			