

NEW NEIGHBOURHOOD PUB APPLICATION

Broker:	Protection Class:
Name of Insured:	
Mailing Address:	
Insured Location:	
Effective Date:	Expiry Date:

Business Interruption Form: Profits Endorsement Other (specify) _____

Policy Deductible: \$1,000 \$2,500 \$5,000

COVERAGE	LIMIT OF LIABILITY	RATE	PREMIUM
Building(s)	\$		
Equipment & Stock	\$		
Business Interruption	\$		
EQ ____% Ded. & Flood	\$		
Other:	\$		
Estimated Gross Annual Receipts Split as Follows		RATE	
LIQUOR (on premises)	\$	\$ per \$1,000	
FOOD & OTHER	\$	\$ per \$1,000	
LRS <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$ per \$1,000	
Loading for increased Liability Limit		Loading (%)	
CGL Limit	\$	PREMIUM	
Tenants Legal Liability	\$	\$ /\$100	
Money & Securities Broad Form	\$	\$ /\$1,000	
In/Out Hold Up	\$	\$ /\$1,000	
\$10,000 Bond – Form A	# OF EMPLOYEES	Flat Premium	
LOCATION 2 PREMIUM			
TOTAL PREMIUM			
Intact Insurance Company	Crime & Liability 100%		
Intact Insurance Company	Property %		
Optimum West Insurance Co.	Property %		
Boiler & Machinery AVIVA	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Office use only: **Discounts applied:**

Note: Sub-Brokers are not authorized to bind coverage on behalf of the Underwriters.



Previous insurer:	Policy number:
Contact person:	
Names of principals:	
Phone number:	Fax number:
Construction details:	
Roof Construction:	Total square footage:
Roof finish:	Heating:
Height:	Age:
Other occupants:	
Name of burglar alarm monitoring company:	
Make and model of safe:	CLASS:

(A Class II must have **TL-15 UL** Label or **Door** - 1 ½" steel (round or rectangular) **Body** - 1" steel, Combination lock)
Note: For Money & Security Broad Form limits above \$5,000 the insured **must** have a minimum Class II safe

- | | | | |
|--|--|--|--|
| Member of ABLE BC: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Liquor primary license: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Fire hall protected: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Hydrant protected: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Sprinklered: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Building owner: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Deep-frying: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Liquor retail store: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Automatic extinguishing system with maintenance contract: | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Does the automatic extinguishing system meet the UL300-ULC/1254.6 standards:
(If NO, risk does not qualify for the program) | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Maintenance contract with:

Does insured have an **ATM**? YES (Complete **ATM** supplement) NO

Describe all losses or claims within the last five years:



LIQUOR LIABILITY REPORT

Are minors allowed on the premises? YES NO

If YES, provide details:
Seating capacity (including patio):
Hours of operation:

Does the insured do any catering? YES NO Are there any banquet facilities? YES NO

Are any rooms rented? YES NO

Years in business (of current owner) at this location: _____

Year of experience (of current owner) other location: _____

GROSS RECEIPTS	LAST YEAR	THIS YEAR	ESTIMATES
LIQUOR (On Premises)	\$	\$	\$
FOOD & OTHER	\$	\$	\$
LRS <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	\$
TOTAL SALES	\$	\$	\$

TYPE OF ENTERTAINMENT PROVIDED ON PREMISES:

- Karaoke YES NO Daily Other (specify) _____
- Live Music YES NO Daily Other (specify) _____
- Exotic Dancers YES NO (if YES, risk does not qualify for the program)
- Pool Tables YES NO (if YES, number of tables) _____
- Darts YES NO (if YES, number of boards) _____
- Dance Floor YES NO (if YES, size) _____
- Mechanical Rides YES NO (if YES, describe) _____
- Other YES NO (if YES, describe fully) _____

Is entry to premises controlled? YES NO

If YES, by whom?

Does the insured have any **Bouncers**? YES NO (if YES, provide the following information)
(This does not include employees acting as doormen)

Number of bouncers:	How many nights per week?
Who would be barred from entry?	

Is ID checked on all patrons who could be underage? YES NO

Have all the serving staff taken the "serving it right the responsible beverage service program"?

YES NO



Is there an electronic cash register system that records the number of standard drinks (or equivalent) which are served to a table or patron and the time the drink was served? YES NO

Are these records kept for a period of at least one year? YES NO

Do servers attempt to determine whether a patron will be driving after leaving the premises?
 YES NO

Is the designated driver program in use in your establishment and promoted by servers? YES NO

Do you offer low alcohol house specialties including spritzers and light beers? YES NO

Do you have food and non-alcoholic beverages readily available at reasonable prices? YES NO

If patrons become intoxicated, how are they handled?

No action taken.

Alcohol service to patron is stopped and food or non-alcoholic beverages are offered.

Patron is asked to leave premises.

If unwilling to leave, patron is forced to leave the premises.

Is transportation arranged for intoxicated patrons, who are willing to leave the premises? YES NO

Are police called to handle intoxicated patrons who resist mild force to eject them? YES NO

List all liquor citations in last 36 months, date and fine:

Photograph of premises attached: YES To Follow

Copy of latest financial statement attached: YES To Follow

(Photograph & Financial Statement required prior to binding coverage)

Loss payable information:

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature of Insured: _____

Title: _____ Date: _____



