

NEIGHBOURHOOD PUB PLAN RENEWAL APPLICATION

Policy Number: _____

Protection Class: _____

Broker:	
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 ____% Deductible & 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.



Does the insured have a Class II money safe on the premises? YES NO

(A Class II safe must have a **TL-15 UL** Label or **Door** - 1 1/2" 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.

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

Are minors allowed on the premises? YES NO (if YES, provide details)

Has your operation involving the service of alcohol changed from last year?

YES NO (if YES, describe changes)

Any change in ownership? YES NO (if YES, describe fully below)

Any change in protective systems? YES NO (if YES, describe fully below)

Type of Entertainment provided on premises:

Karaoke	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Daily	<input type="checkbox"/> Other (specify)	_____
Live Music	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Daily	<input type="checkbox"/> Other (specify)	_____
Exotic Dancers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(if YES, risk does not qualify for program)		
Pool Tables	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(if YES, number of tables)		
Darts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(if YES, number of boards)		
Dance Floor	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(if YES, size)		
Mechanical Rides	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(if YES, describe)		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(if YES, describe fully)		

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? _____



Does insured have an ATM? YES NO (if YES, complete ATM supplement)

Does the automatic fire extinguishing system for commercial cooking equipment meet the UL300 - ULC/1254.6 Standards: YES NO (if NO, risk does not qualify for the program)

Date system last serviced: (Month-Year) /

Who services system? _____

List any liquor citations in the last 12 months. (State none, if none)
(Date, Amount of Fine & Reason)

Does the insured have a website? YES NO (if YES, provide the address)

Website address www. _____

ADDITIONAL LOCATION (IF THE LRS IS LOCATED AT A DIFFERENT ADDRESS THAN THE PUB)

Insured Location: _____

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 ____% Deductible & Flood	\$		
Other:	\$		
ESTIMATED GROSS ANNUAL RECEIPTS: \$			
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	
TOTAL LOCATION 2 PREMIUM			
Boiler & Machinery AVIVA	<input type="checkbox"/> YES <input type="checkbox"/> NO		

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 Broker: _____ Dated: _____

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

