

# METORTOWN INSURANCE SERVICES LTD.

M3 – 4277 Kingsway Burnaby, BC V5H 3Z2 Tel: (604) 437-0929 Fax: (604) 437-0928

## Hospitality Liability Application

ALL QUESTIONS MUST BE ANSWERED. Please complete all 5 pages.

1. **Applicant's Name:** \_\_\_\_\_  
Operating Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Risk Location: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Web Site Address: \_\_\_\_\_  
Type of Operation: Hotel  Restaurant  Nightclub  Pub  Other \_\_\_\_\_  
Hotel/ Motel With Leased Out Restaurant/Pub/Lounge/Beer & Wine Store   
If You Checked "Other", Please Specify: \_\_\_\_\_

Describe Operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant is: Owner  Tenant

Indicate where your Company is located: Downtown  Suburban  Residential  Rural

Type of Clientele? \_\_\_\_\_ Age Group? \_\_\_\_\_

Loss Payee, if any, and their Address \_\_\_\_\_

Additional Insured, if any, and their Address \_\_\_\_\_

No of years in hospitality business (yr./new) \_\_\_\_\_ Years at present location? \_\_\_\_\_

Name and Address of previous locations (to enable an experience credit to be applied)  
\_\_\_\_\_

No. of Employees? Full time \_\_\_\_\_ Part time \_\_\_\_\_

Open \_\_\_\_\_ days per week Hours: Weekdays from \_\_\_\_\_ to \_\_\_\_\_ Weekends from \_\_\_\_\_ to \_\_\_\_\_

Principals Name: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Years of experience: \_\_\_\_\_

2. **Coverage Required:** Commercial General Liability \$ \_\_\_\_\_

Tenants Legal Liability \$ \_\_\_\_\_

Effective Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (month/day/year)

3. **Previous Insurance History**

Coverages for	Insurance Company	Policy Number	Expiry Date	Expiring Premium
Property and Crime				
Liabilities				

Is present Insurer willing to renew the policy? Yes  No .

If yes, renewal premium \$ \_\_\_\_\_ Additional terms, if any \_\_\_\_\_

Has any other Insurer declined or refused to renew? Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Claims/ Losses in the past 5 years: Yes,  per details below (attach a list if necessary) None

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

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**4. Class of Liquor License or Permit**

Liquor Primary     Food Primary     Others, please specify: \_\_\_\_\_

Has your liquor permit ever been suspended or revoked during the past 5 years?    Yes     No

If yes, please explain \_\_\_\_\_

**5. Area and Capacity**

Interior Area \_\_\_\_\_ sq ft                      Patio Area \_\_\_\_\_ sq ft

Seating Capacity: Restaurant \_\_\_\_\_    Patio Area \_\_\_\_\_    Bar /Pub /Nightclub \_\_\_\_\_

Hotel/Motel – No. of rooms: \_\_\_\_\_                      % of rooms on monthly or short term basis: \_\_\_\_\_

Room rates from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Do you have an ATM?    Yes     No     If yes, please complete ATM supplement on page 4:

**6. Annual Gross Receipts**

	Last 12 months	Coming 12 months
Liquor – On Premise		
Liquor – Beer & Wine Store		
Food		
Rooms		
Sublet Receipts		
Rent from leased out restaurants/ bars...etc		
Other Receipts, please specify:		
Total Receipts		

*Note: Liquor receipts should not include beverage mix (pop), cover charge, coat check, etc – include these under “other receipts.”*

Gross Sales Reported on Last Financial Statement, Year \_\_\_\_\_ \$ \_\_\_\_\_

Describe source and breakdown of Sublet/Other Receipts \_\_\_\_\_

Do you require proof of insurance from your tenants, adding your Company as an additional insured?    Yes     No

If yes, please state the tenant’s Commercial General Liability Insurance Limit \$ \_\_\_\_\_

**7. Recreation / Entertainment / Amusement Facilities**

Description	Yes	No	Days per week	Comment
Comedy				
Dance floor (            sq ft)				
Disc Jockey				
Live Band				
Dancers (Strippers/Exotic?) Please specify:				
Rave				
All Ages Event				
Darts				
Pool Tables				
Arcade Games			No. of Arcade Games Machines:	
Video Lottery Terminal			No. of VLT:	
Mechanical or other devices <i>(eg. Mechanical bulls, rides..etc)</i>			No. of Mechanical Bulls...etc: _____ Annual Gross Receipts:: \$ _____	
Others, (eg. Pyrotechnics) Please describe:				

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8. Swimming or Wading Pool, Hot Tub? \_\_\_\_\_ Waterslide? \_\_\_\_\_ Lifeguard? \_\_\_\_\_
9. What % of your liquor serving personnel have taken the Liquor Server's Course? \_\_\_\_\_  
Have all owners, managers and servers taken the liquor server's course? Yes  No
10. Do you rent out your premises for special functions? Yes  No   
If yes, please complete special functions supplement on page 4
11. Do you employ Door Control? Yes  No  Do you have a Cover Charge? Yes  No   
Who would be barred from entry? \_\_\_\_\_  
Do you employ Security (Bouncers)? Yes  No  if yes, No of Bouncers: \_\_\_\_\_  
Bouncers: In-house: Yes  No  Sub-contracted: Yes  No   
If subcontracted, a. Provide name of security company: \_\_\_\_\_  
b. Is proof of liability insurance required? Yes  No   
If yes, advise liability insurance limits: \_\_\_\_\_  
Have any Security / Bouncer personnel taken the "Night Club Security" course? Yes  No   
Do you link with the Bar Link ID Scanning System? Yes  No   
Have you installed CCTV/ surveillance cameras? Yes  No   
If yes, How many cameras are there (inside/outside premises) ? \_\_\_\_\_  
How long will the records be kept? Number of years: \_\_\_\_\_
12. Is "ID" checked on ALL patrons who could be under age? \_\_\_\_\_
13. Is the Designated Drive Program in use in your establishment and promoted by servers? \_\_\_\_\_  
Do you have food and non-alcoholic beverages readily available? \_\_\_\_\_
14. If patrons become intoxicated, how are they handled?  
\_\_\_\_\_ Alcohol service to patron is stopped and food or non-alcohol beverages offered  
\_\_\_\_\_ Patron is asked to leave the premises  
\_\_\_\_\_ If unwilling to leave patron is forced to leave  
\_\_\_\_\_ Other methods, please explain \_\_\_\_\_
15. Is transportation arranged for intoxicated patrons who are leaving the premises? \_\_\_\_\_  
Is taxi service available to you establishment? Yes  No   
Will your staff call taxi's for patrons? Yes  No   
Is a taxi phone and number readily visible at main exit? Yes  No
16. Police was called approximately \_\_\_\_\_ times during the past 12 months to resolve problems.  
Please describe under what circumstances was police called each time:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_
17. Do you maintain an incident log? Yes  No  If yes, kept for how long \_\_\_\_\_ years

## 18. Please also complete Property Insurance Application on page 5

### **DECLARATION:**

*I/we declare and warrant that all statements and particulars contained in this application and addenda if any, are true, that no information whatsoever has been withheld which might increase the risk of the underwriters or influence the acceptance of this application. Should the above particulars alter in anyway I/We will advise underwriters as soon as possible.*

Applicant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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## ATM Supplement Questionnaire

- a. No. of ATM at risk location: \_\_\_\_\_
- b. Is the Manufacturer UL a/o ULC certified? Yes  No
- c. Is the ATM located away from exterior walls, windows & doors? Yes  No
- d. Is the ATM adequately secured to the floor a/o wall? Yes  No
- e. Is the ATM alarmed? Yes  No
- f. Is use of the ATM limited to business hours? Yes  No
- g. Is the ATM owned by the Insured or leased? Owned  Leased
- h. Additional Insured, if any \_\_\_\_\_

## Special Functions Supplement Questionnaire

Please describe: Wedding, Banquets, Meetings ..., If no, skip to question 12

Do you engage in off premises functions? (*i.e. beer tent, charity events, special occasion permits....etc*)

Yes  No  if yes, please specify: \_\_\_\_\_

If you rent out the facilities to another party, do you require proof of insurance from this other party adding your Company as an additional insured? Yes  No

If yes, please provide their Commercial General Liability Limits: \$ \_\_\_\_\_

What receipts are generated from such functions? \$ \_\_\_\_\_ \$ \_\_\_\_\_

Estimated annual number of rentals/special functions: \_\_\_\_\_

Will your staff be serving at these functions? Yes  No

Do you provide your liquor serving staff for these functions? Yes  No

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## Property Insurance Application

### A. Underwriting Information:

1. Age of Building \_\_\_\_\_
2. No. of Storeys \_\_\_\_\_ Total no. of units \_\_\_\_\_ Applicant's Sq. Footage \_\_\_\_\_
3. Construction:    Fire Resistive     Frame     Masonry/ Non Combustible     Others   
Please specify for others \_\_\_\_\_
4. Building Information
 

	Type	Update Information, if building is over 25 years old
Electrical:	Fuses <input type="checkbox"/> Breaker <input type="checkbox"/>	
Heating		
Roof		
Plumbing		
5. Sprinklered:    Yes     No                     Housekeeping:    Good     Fair     Poor
6. Distance from Hydrant \_\_\_\_\_m., from Fire Hall \_\_\_\_\_ km, Pay , Voluntary , Part-time  firehall
7. Fire Extinguishing & Maintenance Contract:    Yes     No     UL300 Compliant:    Yes     No   
Steam Cleaning Contract Semi-Annually:    Yes     No
8. List all tenants in this Building, by type \_\_\_\_\_  
\_\_\_\_\_
9. Burglary Protection:    Local Alarm     Central Monitor Alarm     Monitored by: \_\_\_\_\_  
Alarm System:    ULC approved:    Yes     No                     Dedicated Lines:    Yes     No   
Class II safe
10. Property loss(es) in the past 5 years: \_\_\_\_\_
11. Additional Information \_\_\_\_\_

### B. Coverage Required

- Broad Form     Named Perils Form     Fire Only Form   
 Earthquake     Flood     Sewer Backup     Replacement Cost except Stock     Actual Cash Value

i	Building	\$
	Include Blanket Bylaws Coverage:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Max. 15% of Building Limit
ii	Equipment, Tenant Improvement & Stock	\$
	Customers Goods	\$
	Consequential Loss	\$
iii	Transit	\$
iv	Business Interruption	\$
	Gross Earnings <input type="checkbox"/> Co-Insurance _____%;    No-Co Earnings <input type="checkbox"/> Profits Form <input type="checkbox"/> Include Ordinary Payroll:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
v	Extra Expenses	\$
vi	Auditors Fees	\$
ix	Rental Income (100% co-insurance, 12 months)	\$
x	Crime:    In/Out Robbery	\$
	Weekend Endorsement	\$
	Broad Form Money	\$
	Burglary Damage to Building	\$
xi	Exterior Glass Coverage:    Yes <input type="checkbox"/> No <input type="checkbox"/> Height of Building _____	
xii	Sign Coverage:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
xiii	Equipment Breakdown Coverage:    Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
xiv	Other Coverage:	