



Hospitality Application

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:	Broker code:	Broker contact:
Broker address:	Broker email:	

SECTION 1: GENERAL INFORMATION

Name of company (full legal name):			Operating as (trade name):		
Mailing address:				Postal Code:	Corporation Partnership Individual Joint venture
Website address (if applicable):	Name of principals:			Date of incorporation:	Business telephone#
Contact person for inspection:	Email address:			Telephone #	
Number of years in business:	Number of years owned by current owner:	Number of years at current location:			
Is the owner involved in the day-to-day management of the establishment? Yes No If 'No', please provide details below:					
Period of insurance: From:		To:		at 12:01 a.m. standard time	

SECTION 2: UNDERWRITING INFORMATION

Insurance Experience

Previous insurer:	Policy number:	Expiry date:			
Expiring premium:	Renewal premium:	Target premium:	Was renewal offered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has any insurer cancelled, declined, or refused coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide details below:					
Previous Losses (5 Years): <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide details:					

Loss Date	Loss Details	Amount Paid	Amount Reserved	Claims Status
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

Measures taken to prevent further losses:				
Are you aware of any incidents, which may result in claims against you? Yes No If 'yes', please describe below:				

Applicant's Operations , indicate all that apply:				
Restaurant - Non Liquor Licensed	Pub	Dance Floor	Pool Tables	Happy Hour Specials
Restaurant - Liquor Licensed	Bar/Tavern	Disk Jockey	Dart Boards/Video Games	Entertainers
Take Out	Jazz Bar	Live Music	Movies/Videos	Pyrotechnics
Catering /Off-Premises Events	Night Club	Karaoke	Pay-per-view Events/UFC	Strippers
Banquet Hall	Lounge	Singles Night	VLT	Mechanical Bull
Legion	Private Club	Ladies Night	Raves	Sports Sponsorships
Other (explain):			Hookah	Athletic Events
				Swimming Pool(s)

Describe in detail the nature of the applicant's operations:				
Hours & days of operation:	Is this a seasonal operation?			Yes No
Do you offer food delivery using drivers that are your own employees?	Yes	No		
Do you offer food delivery using third-party drivers (e.g., Uber Eats, SkipTheDishes)?	Yes	No		

SECTION 3: PROPERTY DETAILS		Total # of locations:		(Please attach additional pages for other locations)			
Risk location #1 address:						Postal Code:	# of years at this location:
						Occupancy:	Owner Tenant
Loss payee(s) / mortgagee(s), if any and their address:						Postal Code:	
Additional Insured:						Postal Code:	Relationship to Insured:
Location #	Building #	Year Built	No. of Stories	Total Area excl. bsmt Sq Ft	Area Occupied by Insured Sq Ft	Occupies Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Heritage? <input type="checkbox"/> Yes No
Building Construction:		Frame	<input type="checkbox"/> Joisted masonry		<input type="checkbox"/> Noncombustible		
		Masonry noncombustible	<input type="checkbox"/> Modified fire resistive		<input type="checkbox"/> Fire resistive		
Electrical	AMP	Type:	Circuit breakers	Wiring:	% Copper	Year of update	
			Fuses		% Aluminum(100% Pigtailed)	Percentage	
					% Knob & tube		
Heating	Type:	Central Furnace	Boilers	Fuel:	Natural Gas	Propane	Year of update
		Heat Pumps	Space heaters		Electric	Wood*	Percentage
		Wood-Burning Stove*	Electric baseboards		Oil*		
<i>*Wood - Burning Stove or Oil Tank , please complete supplement at www.abexinsurance.com/applications</i>							
Plumbing	Type:	% Copper	% PVC	% Cast Iron	Year of Update		
		% Galvanized	% Kitec	% Lead	Percentage		
Roof	Deck:	% Wood	% Concrete	Covering:	Asphalt shingle	Concrete tile	Year of update
		% Concrete on steel	%Steel		Metal	Tar & gravel	Percentage
					Rubber membrane	Wood shake	
Other occupancies in the building:				Adjacent Exposures:	Left:	Right:	Front: Back:
Fire Protection		Fire hydrant within 300 metres/1000 feet		Yes	No	Fire hall within 8km	
		Sprinklered		<input type="checkbox"/> Yes	% No	Smoke detectors:	
		Fire Alarm:		Central station monitored	Local	None	If monitored, by whom:
Does the operation include deep fat frying?				Yes	No	Grill:	
				Yes	No		
Is the kitchen equipped with an ULC1254.6 Automatic Fire Extinguisher System (WET)						Yes	<input type="checkbox"/> No
Is there a 6-month maintenance areement in place?				Yes	No	Date of last inspection:	
Is there a 6-month maintenance contract for duct steam cleaning?				Yes	No	Date of last service:	
Is grease traps cleaned and serviced regularly?				Yes	No		
Is stock kept on shelves or skids?				Yes	No		
Is the refrigeration system alarmed for temperature changes?				Yes	No		
Crime Protection		Burglar Alarm:		ULC approved central station monitor	Local	None	
		Percentage of premises alarmed:		%	Monitoring company:		
CCTV in place:		Yes	No	If 'Yes', do you retain copies of the video for future use?		Yes	No
Perimeter lighting:		Yes	No	3rd party security:		Yes	No
Metal bars on all windows & doors?		Yes	No	Are all doors fitted with deadbolts?		Yes	No
Safe make:		Safe class:			Safe dimensions:		
Number of employees handling money:		Managers	Staff	Others			
Frequency of bank deposits		Deposited by whom?					

SECTION 4: LIABILITY SURVEY OF HAZARDS

Gross Receipts (Liquor receipts should not include beverage mix (pop), cover charge, coat checks, etc. Include those in 'Other')

	PAST 12 MONTHS	NEXT 12 MONTHS
Food receipts:	\$	\$
Liquor receipts:	\$	\$
Rooms:	\$	\$
Liquor store sales:	\$	\$
Other: (Describe below)	\$	\$

Does the applicant rent out the location for special functions (i.e. weddings, banquets, etc.)? Yes No If 'Yes', please describe below:

Licensed capacity:

Roof top patio: Ground level patio connected to the location:

Patio – separated by sidewalk or parking lot: Other:

How many fire exits are available to customers?

Has the establishment been cited for any infraction by the Liquor Control & Licensing Board during the past five years? Yes No

If 'Yes' to above, please provide details regarding the nature of the infraction:

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

If 'Yes' to above, please explain below:

Have all of your serving personnel obtained their "SMART" Serve certificate (or provincial equivalent)? Yes No

Have all owners, managers obtained the "Managers Service" certificate as required by Provincial Act? Yes No

Is there a Designated Driver Program in use in your establishment and promoted by servers? Yes No

Do you have food and non-alcoholic beverages readily available? Yes No

If a customer becomes intoxicated, how are they handled?

Who is responsible for snow removal? Applicant Contractor Other (specify):

Does the contractor(s) carry CGL insurance covering the snow removal operation? Yes No

Does the applicant obtain and keep a record of proof of insurance from the contractor(s) confirming full CGL coverage is in effect? Yes No

Is the applicant named as additional insured on contractor's policy? Yes No

Experience of owner/management in hospitality: years

Do you provide regular training and education for your staff members? Yes No How often are staff meetings held?

Any additional information:

SECTION 5: COVERAGES AND LIMITS

Property	Broad Form	Named Perils		Deductible:	Co-Ins:	Location 1	Location 2	Location 3
						Limit of Insurance	Limit of Insurance	Limit of Insurance
Building	RC	ACV		\$		\$	\$	\$
Equipment (including tenants improvements)	RC	ACV		\$		\$	\$	\$
Contents	RC	ACV		\$		\$	\$	\$
Stock		ACV		\$		\$	\$	\$
Property extensions	Yes	No		\$		\$	\$	\$
Sewer back-up				\$		\$	\$	\$
Water damage				\$		\$	\$	\$
Flood				\$		\$	\$	\$
Earthquake				\$		\$	\$	\$
Other:				\$		\$	\$	\$
Other:				\$		\$	\$	\$

Business Interruption

Gross earnings				\$		\$	\$	\$
Profits						\$	\$	\$
Rental income						\$	\$	\$
Extra expense						\$	\$	\$

Equipment Breakdown

Equipment breakdown				\$		\$	\$	\$
Production machinery	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

Crime

Employee dishonesty – Form A				\$		\$		
Broad form money & securities				\$		\$		
Inside and outside robbery				\$		\$		

Liability

Commercial General Liability	Each occurrence			\$		\$		
Products and Completed Operations				\$		\$		
Personal Injury / Advertising Injury				\$		\$		
Tenants Legal Liability				\$		\$		
Non-Owned Automobile				\$		\$		
Other:				\$		\$		

Broker Questionnaire:

Is this business new to your office? Yes No

If no, how long have you known the applicant?

Have you seen this property? Yes No

If 'Yes', when? Condition?

Additional comments:

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Signature(s) of All Named Insured(s) (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.
Coverage is only given upon written confirmation of binding from ABEX.**

This Section is For Broker Use Only

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*If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using a different browser or save and email the application to **quotes@abexinsurance.com**