



Contact Information:  
<http://tcim.ca/our-people/>

**HOTEL / RESTAURANT / LOUNGE / BAR  
COMMERCIAL INSURANCE APPLICATION**

Please fully complete all questions. If not applicable, please answer as such rather than leaving blank.

Date Submitted: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Applicant (including subsidiaries): \_\_\_\_\_

Insured is:      Owner \_\_\_\_\_      Tenant \_\_\_\_\_      Contact Person \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Address: \_\_\_\_\_

Risk Location (as above?): \_\_\_\_\_

Name and Address of Mortgagees: \_\_\_\_\_ Amount Outstanding: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

How long in business?: \_\_\_\_\_

At this location? \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Previous Broker: \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Please attach a copy of the previous policy declaration page. (Summary of Insurance Coverage)

Has the applicant been declined, canceled, or had a renewal of any kind, property or casualty, refused in the past 5 years? If yes, please explain: \_\_\_\_\_

Any claims in the past 5 years? (attach separate sheet if necessary)

\_\_\_\_\_

Name of Applicant \_\_\_\_\_

**PROPERTY**

Building Construction

Walls: \_\_\_\_\_ Floors: \_\_\_\_\_ Roof: \_\_\_\_\_

Sq Footage: \_\_\_\_\_ Height: \_\_\_\_\_

Detached: \_\_\_\_\_ Feet from nearest building: \_\_\_\_\_ Year Built: \_\_\_\_\_

Condition: \_\_\_\_\_ Housekeeping: \_\_\_\_\_

Sprinklered: \_\_\_\_\_ Sprinklered Alarm is Local: \_\_\_\_\_ Central Station: \_\_\_\_\_

Monitoring Co: \_\_\_\_\_

Year of updates ( if 35 years or older) of Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Wiring: \_\_\_\_\_ Roof: \_\_\_\_\_

Type of Heating: \_\_\_\_\_ Supplemental Heating: \_\_\_\_\_ Type: \_\_\_\_\_

No. of Fire Extinguishers: \_\_\_\_\_

Is there a CO2 or Dry Chemical extinguishing system in place? \_\_\_\_\_

Is it inspected semi-annually? \_\_\_\_\_ Name of Contractor: \_\_\_\_\_

Are hoods, ducts, and filters cleaned regularly? \_\_\_\_\_

**OCCUPANCY**

By applicant (type of establishment): \_\_\_\_\_

Hours of operation: From: \_\_\_\_\_ To: \_\_\_\_\_

Occupancy by others: \_\_\_\_\_

**CRIME**

Burglar Alarm? \_\_\_\_\_ Name of Central Station Alarm: \_\_\_\_\_

Name of Monitoring Company: \_\_\_\_\_ Installer: \_\_\_\_\_

Are all doors fitted with dead bolt locks? \_\_\_\_\_ Safe or vault on premises? \_\_\_\_\_

ULC Label Class: \_\_\_\_\_ Is any cash kept on premises? \_\_\_\_\_

Maximum Amount:\$ \_\_\_\_\_ Maximum overnight:\$ \_\_\_\_\_

Name of Applicant \_\_\_\_\_

**LIABILITY**

Are any operations conducted at other owned or leased premises? \_\_\_\_\_

If yes, address: \_\_\_\_\_

Licensed capacity (Patrons)? \_\_\_\_\_ No. of Rooms: \_\_\_\_\_

Have managers taken S.M.A.R.T. program or equivalent? \_\_\_\_\_

Have all employees taken S.M.A.R.T. program or equivalent? \_\_\_\_\_

Are "Bouncers" used? \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Are all staff aware of procedures for handling intoxicated patrons? \_\_\_\_\_

Is food/light meals available at all times while serving alcohol? \_\_\_\_\_

Customer service area: \_\_\_\_\_ sq. feet Seating Capacity: \_\_\_\_\_

Number of rooms for rent: \_\_\_\_\_

Cooking in rooms? \_\_\_\_\_ Explain type: \_\_\_\_\_

Annual Gross Receipts

Broken down:	Hard Liquor: _____	Food: _____
	Beer & Draft: _____	Wine: _____
	Off Sales: _____	Dance Hall: _____
	Rooms: _____	Banquets: _____

**DECLARATIONS OF INSURED**

I understand, if approved, that this application will attach to and form part of my Insurance Policy # \_\_\_\_\_.

The answers to the questions contained herein are accurate to the best of my knowledge and ability.

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Insured

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