



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: _____