

UNIVERSAL UNDERWRITING MANAGERS LTD.

500 – 4211 Kingsway Burnaby, BC V5H 1Z6 Tel: (604) 639-5969 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: _____

Is the building or business currently up for sale? Yes please specify: No

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. _____

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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>(ie. Mechanical bulls, rides, boxing machines, 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 allow bottle service (patrons allowed to purchase entire liquor bottles for their personal consumption usually in reserved booths)? Yes No
12. 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: _____
13. Is "ID" checked on ALL patrons who could be under age? _____
14. Is the Designated Drive Program in use in your establishment and promoted by servers? _____
Do you have food and non-alcoholic beverages readily available? _____
15. 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 _____
16. 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
17. 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. _____
18. Do you maintain an incident log? Yes No If yes, kept for how long _____ years

19. 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.

We will forward our latest financial statement to you 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. Is the building currently up for sale? Yes No
3. No. of Storeys _____ Total no. of units _____ Applicant's Sq. Footage _____
4. Construction: Fire Resistive Frame Masonry/ Non Combustible Others
Please specify for others _____

5. Building Information

	Type	Update Information, if building is over 25 years old
Electrical:	Fuses <input type="checkbox"/> Breaker <input type="checkbox"/>	
Heating		
Roof		
Plumbing		

6. Sprinklered: Yes No Housekeeping: Good Fair Poor
7. Distance from Hydrant _____m., from Fire Hall _____ km, Pay , Voluntary , Part-time firehall
8. Fire Extinguishing & Maintenance Contract: Yes No UL300 Compliant: Yes No
Steam Cleaning Contract Semi-Annually: Yes No
9. List all tenants in this Building, by type _____

11. Burglary Protection: Local Alarm Central Monitor Alarm Monitored by: _____
Alarm System: ULC approved: Yes No Dedicated Lines: Yes No
Class II safe
11. Property loss(es) in the past 5 years: _____
12. 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:	