



# Bar / Restaurant Product Application

**Coverage(s) Desired:**    Property    General Liability    Liquor Liability

Applicant's name (include DBA name): \_\_\_\_\_  
 Location address: \_\_\_\_\_  Same as mailing address  
 City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Inspection contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Audit contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Form of business:    Individual    Corporation    Partnership    LLC    Trust    Other \_\_\_\_\_

**Description of Operations:**

1. How many locations are to be insured? \_\_\_\_\_ (complete one application per location)
  2. What year did business start at this location under the current ownership and management? \_\_\_\_\_
  3. How many years experience does the current ownership have in owning or managing this type of operation? \_\_\_\_\_
  4. Have there been any losses/claims, liquor citations, violations, charges or enforcement actions at this location in the past five years?  Yes    No
- If "Yes," please complete Section III

**General Liability**

- Limit:**    \$1,000,000/\$2,000,000    \$2,000,000/\$2,000,000    \$2,000,000/\$5,000,000  
 \$3,000,000/\$3,000,000    \$4,000,000/\$4,000,000    \$5,000,000/\$5,000,000
5. Add hired and non-owned auto liability?  Yes    No
    - a. Are employees or volunteers required to use their personal automobile to conduct the applicants business on a regular basis?  Yes    No
    - b. Are vehicles used to transport people or deliver goods or products on a regular basis?  Yes    No
    - c. Is there a commercial auto insurance policy in force?  Yes    No

**Liquor Liability**

- Limit:**    \$50,000/\$100,000    \$100,000/\$200,000    \$300,000/\$600,000    \$500,000/\$500,000  
 \$500,000/\$1,000,000    \$1,000,000/\$1,000,000    \$1,000,000/\$2,000,000

**Annual Receipts:**

Food Sales	Alcohol Sales-On Premises Consumption	Retail Alcohol Sales	Wholesale Alcohol Sales	Catering Sales	Other Receipts (Describe)
\$	\$	\$	\$	\$	\$

6. Does the establishment feature any of the below entertainment?  Yes    No  
 If "Yes," check all the following that apply:
 

<input type="checkbox"/> Adult entertainment/Exotic dancing	Number of times per week _____ or per year _____
<input type="checkbox"/> Band (three or more members, excluding jazz bands)	Number of times per week _____ or per year _____
<input type="checkbox"/> Banquet entertainment by the organization or lessee	Number of times per week _____ or per year _____
<input type="checkbox"/> Dance club/hall	Number of times per week _____ or per year _____
<input type="checkbox"/> DJ with dancing	Number of times per week _____ or per year _____
7. Is dancing permitted?  Yes    No
8. Are there tables?  Yes    No  
 If "Yes," is there table service?  Yes    No

9. Is the establishment located within a food court with no responsibility for the seating area?  Yes  No
10. What is the latest time the establishment will close? \_\_\_\_\_  a.m.  p.m.  24 hours
11. Are bouncers, security or door persons ever employed?  Yes  No
12. Does the establishment permit "BYOB" (bring your own bottle)?  Yes  No
13. Are there any mechanical bulls or riding devices on the premises?  Yes  No
14. Are there any gaming machines on the premises?  Yes  No  
If "Yes," how many? \_\_\_\_\_
15. Is the applicant the building owner?  Yes  No
16. Is this establishment the sole occupancy of the building?  Yes  No
17. Does the establishment, as the building owner, lease any portion of the building to commercial tenants?  N/A  Yes  No  
If "Yes," what is the total square footage of commercial space? \_\_\_\_\_ sq. ft.  
Describe the occupancy \_\_\_\_\_
18. Does the establishment, as the building owner, lease any apartments on the premises?  N/A  Yes  No  
If "Yes," what is the total number of apartment units? \_\_\_\_\_ What is total square footage of apartment space? \_\_\_\_\_ sq. ft.
19. Are there grills, deep fat frying equipment, or woks on the premises?  Yes  No
- a. If "Yes," what type of extinguishing system is functioning and operational?  Dry  Wet
- b. If "Dry," is there a deep fat fryer on the premises?  Yes  No

### Property Section

<b>Building Construction</b>			
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry Noncombustible			
What year was the building constructed? _____	FUS Grade _____	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)
What is the square footage of the entire structure? _____			
Is the building protected by an operational sprinkler system covering 100 percent of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Building Limit:</b> \$ _____	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV	<input type="checkbox"/> RC
<b>Business Personal Property Limit:</b> \$ _____	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV	<input type="checkbox"/> RC
<b>Business Income Limit:</b> \$ _____	Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		
<input type="checkbox"/> With extra expense	or		
<input type="checkbox"/> Without extra expense	Monthly Limit of Indemnity: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		

20. Plumbing type:  PVC  Copper  Lead  Galvanized  Other: \_\_\_\_\_
21. Roof type:  Flat  Wood shake  Shingle  Metal  Tile  Slate  Other: \_\_\_\_\_
22. What is the age of the roof? \_\_\_\_\_ years
23. What type of burglar alarm is on the premises?  Central station  Local  None

<input type="checkbox"/> Add Earthquake		<input type="checkbox"/> Add Flood		<input type="checkbox"/> Add Equipment Breakdown	
<input type="checkbox"/> Add Interruption of Computer Operations		<input type="checkbox"/> Add Electronic Data			
<input type="checkbox"/> Add Outdoor Signs \$ _____	<input type="checkbox"/> Add Improvements and Betterments \$ _____	<input type="checkbox"/> Add Valuable Papers \$ _____	<input type="checkbox"/> Add Canopy/Awning \$ _____		
<input type="checkbox"/> Add "Waiver of Transfer of Rights of Recovery Against Others to Us"			<input type="checkbox"/> Add Accounts Receivable		
<input type="checkbox"/> Add Glass		Height: _____ ft. x	Number of panes: _____ = _____		
		Width: _____ ft. x			

### II. LOSSES/LIQUOR VIOLATIONS, CITATIONS, CHARGES OR ENFORCEMENT ACTIONS FOR THE PAST 5 YEARS AND ADDITIONAL INTERESTS

24. Have there been any liquor violations, citations, charges or enforcement actions in the last five years?  Yes  No

Date of Violation	Description of Violation	Measures Taken to Prevent Future Violations

Please provide additional claims or information on separate sheet

25. Have there been any losses in the last five years?

Yes  No

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

**Additional Interests** (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. ELIGIBILITY CRITERIA**

26. Are there any past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes  No
27. Has Insurance coverage been cancelled or non-renewed in the past three years?  Yes  No  
 Advise reason for cancellation: \_\_\_\_\_
28. Does any building built prior to 1978 have aluminum or knob-and-tube wiring?  Yes  No
29. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?  Yes  No
30. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?  Yes  No

**Property**

31. Do all grills, deep fat frying equipment and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96?  Yes  No
32. Does the automatic fire extinguishing system have an in-force cleaning contract?  Yes  No
33. Are there functioning and operational fire extinguishers according to code?  Yes  No
34. Are pyrotechnics or foam machines on the premises?  Yes  No
35. Is this a seasonal operation?  Yes  No  
 If "Yes,"
- a. Is the location locked and secured during the closed season?  Yes  No
- b. How many months of the year is the business closed? \_\_\_\_\_

**General Liability**

36. Does the establishment serve raw seafood?  Yes  No
37. Does the establishment have a child's play area?  Yes  No
38. Is the applicant responsible for the maintenance of the building, sidewalk, parking area or snow and ice removal?  Yes  No
39. Is there inhalation of oxygen gas from tanks or hookah smoking on the premises?  Yes  No
40. Will/has the establishment act/acted as a franchisor (grantor of a franchise)?  Yes  No
41. Does the public access multiple levels within the establishment?  Yes  No
42. Are there any pyrotechnics, foam machines, mosh pits, trampolines or swimming pools on the premises?  Yes  No
43. Are there at least two means of egress (exits) for every floor with public access?  Yes  No
44. If there is another occupancy in the building, for this establishment, do all grills, deep fat fryers and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96?  Yes  No
45. Does the establishment have a cabaret license? (Nova Scotia only)  Yes  No

## Liquor Liability

46. What time does the sale of alcohol cease? \_\_\_\_\_  a.m.     p.m.     24 hours
47. Is the establishment a non-profit private, fraternal or social club?  Yes     No  
*If "Yes," complete section IV-C*
48. Does the establishment utilize an identification scanner on all patrons regardless of age?  Yes     No
49. Are drink specials/happy hours offered after 9:00 p.m.?  Yes     No
50. Is there a bar with seating?  Yes     No
51. Does the establishment attract a predominantly youthful clientele ranging from 18 to 25 years of age (local provincial minimum drinking age applies)?  Yes     No
52. Does the establishment permit "BYOB" (bring your own bottle)?  Yes     No  
*If "Yes," complete section IV-D*
53. Are facilities available for banquets, receptions or private affairs?  Yes     No  
*If "Yes," complete section IV-A*
54. Is alcohol ever sold or served away from the premises?  Yes     No  
*If off-premises coverage is desired, attach a completed Catering Plus Liquor Liability Application, form CP-LLA, to this submission*
55. Is the applicant a retail liquor store, convenience/deli/grocery operation, or micro brewery/brew pub/distillery operation?  Yes     No  
*If "Yes," complete section IV-E or IV-F*
56. What is the lowest beer price offered, including happy hours and specials? \$ \_\_\_\_\_
57. What is the lowest price offered for a glass of wine/liquor including happy hours and specials? \$ \_\_\_\_\_
58. Are General Liability limits equal to or greater than Liquor Liability limits maintained?  Yes     No
59. Have all owners and principals with a controlling interest been financially solvent (i.e. no bankruptcy filings) for the last 12 months?  Yes     No
60. Is a valid liquor license maintained if required by ordinance or law?  Yes     No  
Name on the license: \_\_\_\_\_  
License #: \_\_\_\_\_
61. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes     No
62. Has Liquor Liability coverage been cancelled or non-renewed in the past five years?  Yes     No
63. Is the establishment affiliated with a franchise operation?  Yes     No
64. Are patrons offered more than two complimentary drinks in one day?  Yes     No
65. Are "all you can drink", "bottomless drinks" or open bar specials offered?  Yes     No
66. Are patrons under the legal drinking age permitted on the premises?  Yes     No
67. Are patrons under the legal drinking age permitted on the premises after 11:00 pm?  Yes     No
68. Are whole bottles of liquor sold for bottle service or set ups offered?  Yes     No
69. Are drinking games offered or permitted (e.g. beer pong)?  Yes     No
70. Does the establishment have a cabaret license? (Nova Scotia only)  Yes     No

## IV. COMPLETE APPLICABLE SECTIONS FOR ADDITIONAL OPERATIONS:

### A. RESTAURANTS OR BARS WITH BANQUET OPERATIONS

71. a. If there are banquet operations on the premises, are only the establishment's authorized employees or members permitted to serve alcohol at all events?  Yes     No
- b. If "No" to question "a," are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own Liquor Liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy?  Yes     No

### B. FINE DINING ESTABLISHMENTS

72. a. Is the average entrée price greater than \$20.00?  Yes     No
- b. Is the average bottle of wine price greater than \$30.00?  Yes     No
- c. Is the number of bottles on the wine list greater than 10?  Yes     No

C. NON-PROFIT PRIVATE, FRATERNAL OR SOCIAL CLUBS

73. a. Are same day memberships available?  Yes  No
- b. Are members permitted to bring more than three guests per day (excluding banquet activities and immediate family members)?  Yes  No
- c. Is self-service of alcohol by members permitted?  Yes  No
- d. Are drink specials or happy hours ever offered?  Yes  No
- e. Are any single drinks sold for less than \$.50?  Yes  No
- f. Is BYOB (Bring your own bottle) permitted?  Yes  No
- If "Yes," is this restricted to private functions only?  Yes  No

D. BRING YOUR OWN BOTTLE (BYOB) RESTAURANTS

74. a. What is the maximum occupancy of the establishment? \_\_\_\_\_
- b. What percentage of patrons brings their own bottle?  Less than 50%  More than 50%
- c. Does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons?  Yes  No
- d. Are patrons permitted to bring hard alcohol on the premises?  Yes  No

E. RETAIL LIQUOR STORE, CONVENIENCE/DELI/GROCERY STORE

75. Is proof of age required before serving alcohol to anyone who appears to be under the age of 35?  Yes  No
76. Are complimentary tastings offered? If "Yes," complete the following:  Yes  No
- a. Is eight ounces the maximum amount of complimentary samples permitted for any one patron per day?  Yes  No
- b. Are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own Liquor Liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy?  Yes  No
- c. Is self-service of alcohol permitted by patrons?  Yes  No
77. Does the establishment deliver alcoholic beverages to the general public? If "Yes," complete the following:  Yes  No
- a. Is alcohol only delivered to adults who provide proper identification and signature verifying they are of legal drinking age (local provincial minimum drinking age applies)?  Yes  No
- b. Does applicant deliver to any of the following provinces: New Brunswick, Northwest Territories, Nunavut and Quebec?  Yes  No

F. MICROBREWERY/BREW PUB/DISTILLERY

78. Is self-service of alcohol permitted by patrons?  Yes  No
79. Is employee consumption limited to the tasting of products for quality purposes only?  Yes  No
80. Are complimentary tastings offered? If "Yes," complete the following:  Yes  No
- a. (Micro-breweries): Is twelve ounces the maximum amount of complimentary samples permitted for any one patron per day?  Yes  No
- b. (Distilleries): Is two ounces the maximum amount of complimentary samples permitted for any one patron per day?  Yes  No
- c. Are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own Liquor Liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy?  Yes  No
81. Are there retail alcohol sales?  Yes  No
- a. Is proof of age required before serving alcohol to anyone who appears to be under the age of 35?  Yes  No
82. Does the establishment deliver alcoholic beverages to the general public? If "Yes," complete the following:  Yes  No
- a. Is alcohol only delivered to adults who provide proper identification and signature verifying they are of legal drinking age (local provincial minimum drinking age applies)?  Yes  No
- b. Does applicant deliver to any of the following provinces: New Brunswick, Northwest Territories, Nunavut and Quebec?  Yes  No
83. Are there wholesale alcohol sales?  Yes  No
- a. If "Yes," does the applicant have any operations in New Brunswick, Northwest Territories, Nunavut and Quebec?  Yes  No
84. Are samples sold or served at festivals or any other off-premises events?  Yes  No
- If "Yes," please complete the newest version of the special event application for separate quote consideration.

**FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**PERSONAL INFORMATION CONSENT**

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ (Principal, Partner or Officer)

Print name: \_\_\_\_\_

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

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ (Required in Prince Edward Island and Saskatchewan)