



GENMARK INSURANCE SERVICES INC.

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HOSPITALITY PROGRAM APPLICATION

General Section

Broker: _____ Attn: _____ Fax: _____ Date: _____

Name of Insured: _____

Operating Name: _____

Principals Name(s): _____

Mailing Address: _____

Risk Address: _____

Payable to: _____

Occupancy by Applicant as _____

Occupancy by floors _____

Left Exposure _____ Right Exposure _____

Existing Insurer: _____ Policy # _____ Expiry Date: _____ Premium _____

Will they renew: Yes No Reason for non-renewal: _____

Has the insured been CANCELLED / DECLINED INSURANCE (including boiler) : *Yes No

*If yes, please provide details

Previous losses (5 years - please attach full details, date, amount, cause class, etc.,)

Liability: _____

Other: _____

Number of years in business at this _____ Other Locations: _____

If Insured has operated at other locations, we require:

1. Name under which business operated: _____

2. Location(s): _____

Property Section

Structure Detached Semi Detached Townhouse Duplex High-Rise Condo Other _____

Type _____

Construction # of Stories _____ Year Built _____ Sq. Ft. _____

Walls Frame Brick Veneer Masonry Alum Siding Stucco Fire Resistive

Floor Concrete Wood Joist Cement Other _____

Roof Wood Joist Patent Metal Clad Tar Gravel Concrete Other _____

Updates Full Partial Year _____

Heating Gas Electric Hot Air Hot Water Space Heater Others _____

oil tank (inside / Outside, above ground / in ground)

* age of oil tank _____

* Has oil tank been inspected by oil company? Yes, when _____, No

** Wood heat stove - ULC/CSA approved Yes No Professional installation Yes No

** Please provide a copy of wood-heat questionnaire for our reference.

Electrical Updates Full Partial Year _____

C/B Fuses Knob & Tube _____% _____amps

Plumbing Updates Full Partial Year _____

Copper Plastic Galvanized _____% Other _____

Age of Sump Pump _____

Protection Updates Full Partial Year _____

Hydrant within 300 metres/1000 feet Firehall within 8 km Unprotected

Sprinklered Yes, _____% No Age of sprinklers _____ years Smoke Detectors Yes No

Alarm Monitored by Central Station Local None Rated ULC CSA

System

*Percentage of premises protected _____% *Does it connect for fire detection? Yes No

* Does it have a dedicated line? Yes No *Monitoring Company: _____

Does the operation include a) deep frying Yes No b) grill Yes No

Cooking with: Vegetable Oil Animal Fat

Is the kitchen equipped with an automatic fire extinguisher system? Yes No

a) What type is it? Wet Chemical (NFPA17A) Wet Chemical (UL300) Dry Chemical (NFPA127)

CO2 (NFPA12)

b) When was the above automatic fire extinguishing system installed?

c) Does the system cover the entire grilling/deep frying surface? Yes No

d) Is there a 6 month maintenance agreement in place with a certified service provider? Yes No

e) Who is the service contractor for the Fire Extinguishing System?

f) Number of Fire Extinguishers _____ Type ABC K (Restaurants) Size _____ lbs

Crime Section

Alarm system : Local Monitored Make of alarm : _____
Monitoring Company: _____ % of premises alarmed: _____
ULC rated: _____ Does alarm have dedicated line: Yes No
Safe make: _____ Safe class: _____

Liability Questionnaire

Licensed capacity (Patrons)? _____ No. of Rooms: _____
Have all **OWNERS** and **MANAGERS** taken S.M.A.R.T. program or equivalent? _____
(PLEASE NOTE: THIS COURSE IS MANDATORY FOR OWNERS, MANAGERS, & SUPERVISORS)
Is there always a Manager or Assistant Manager on duty in addition to servers? _____
Have **ALL** employees taken the S.M.A.R.T. program or equivalent? YES NO
No. of employees? Are "**BOUNCERS**" used? YES NO
Do you sponsor any sport teams? YES NO
Does the Insured employ a written house policy? YES NO
Does Staff receive copy and training on it? YES NO
Do you employ door control? YES NO
Do you have a cover charge? YES NO
Is identification checked on **ALL** patrons who could be underage? YES NO
Is the Designated Driver Program in use in your establishment and promoted by servers? YES NO
Do you have a valid Liquor License or permit? YES NO
Has the Applicant incurred any Liquor Control Board violations and/or suspensions during the last 5years? YES NO
*If yes, please provide details (dates and situations): _____

Is all staff aware of procedures for handling intoxicated patrons? YES NO
Are these procedures posted to enable all employees to refer to them? YES NO
(i.e. for: Impaired patrons who arrive at your establishment: YES NO
 Patrons who become visibly impaired at your establishment: YES NO
 Patrons who fight, or become disruptive & abusive: YES NO
 Patrons who are obviously impaired & leave your premises alone? YES NO
Is transportation arranged for intoxicated patrons leaving the premises? YES NO
Are police called to handle intoxicated patrons who resist mild force to encourage them to leave? YES NO
Will your staff call taxis for patrons? YES NO
Do you rent your premises for special functions? YES NO If yes, please describe: _____
Do you provide your liquor serving staff for these functions? YES NO
Hours of operations: _____ to _____ Days open per week: _____
Number of rooms for rent _____ Cooking in rooms? YES NO

Liability Section

Type of establishment: _____

Licensed Capacity : Internal : _____ Patio : _____ Other : _____

Total number of rooms licensed : _____ Total sq. footage : _____

Hours of operation: _____

FOOD	LIQUOR	BEER	WINE	ROOMS	OTHER	TOTAL
					(Please Describe)	

DESCRIPTION	YES	NO
COMEDY	<input type="checkbox"/>	<input type="checkbox"/>
DANCE FLOOR	<input type="checkbox"/>	<input type="checkbox"/>
LIVE BANDS/DJ'S	<input type="checkbox"/>	<input type="checkbox"/>
DANCERS	<input type="checkbox"/>	<input type="checkbox"/>
DARTS	<input type="checkbox"/>	<input type="checkbox"/>
POOL TABLES	<input type="checkbox"/>	<input type="checkbox"/>
KARAOKE	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL EVENTS/PROMOTIONS (Please attach promotional fliers/materials)	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (i.e. Volleyball/basketball courts)	<input type="checkbox"/>	<input type="checkbox"/>

Please describe: _____

Coverage & Limits Required

Name:		Date:	
Address:			
<input type="checkbox"/> All Risks <input type="checkbox"/> Fire & E.C.			
CLASS OF COVERAGE	DEDUCTIBLE	LIMITS REQUIRED	OFFICE USE ONLY
BUILDING			
CONTENTS (INCL.TENANTS IMPR.)			
ELECTRONIC EQUIPMENT			
CONSEQUENTIAL LOSS ASSUMPTION			
BUSINESS INTERRUPTION FORMS			
PROFITS			
80% CO-GROSS EARNINGS			
50% CO-GROSS EARNINGS			
NO CO			
EXTRA EXPENSE			
RENTS			
BLANKET GLASS		<input type="checkbox"/> Plate <input type="checkbox"/> Thermo	
DETACHED SIGN			
SATELLITE DISH			
OFFICE EQUIPMENT FLOATER			
VALUABLE PAPERS			
ACCOUNTS RECEIVABLE			
*BROAD FORM MONEY & SECURITY			
IN/OUT HOLD UP			
*SAFE BURGLARY			
*REQUIRES CLASS II SAFE FOR OVERNITE COVER			
BOILER INSURANCE	\$1,000.00 MIN.		
MECHANICAL BREAKDOWN	\$1,000.00 MIN.		
CGL - OCCURANCE			
TENANTS LEGAL LIABILITY			
NON-OWNED AUTO			
MEDICAL PAYMENTS	\$1,000. Per Person	\$10,000. Per Occurrence	
Others			