

Are you aware of any incidents that may result in a claim? Yes No (if yes, please advise details) _____

Number of years at this location: _____ Prior Experience: _____

Has the Insured's Liquor Permit ever been suspended or revoked during the past five years? Yes No (if yes, please attach details) _____

Is there a cover charge? Yes No

Does the Insured engage in rental of location for special functions? (e.g. weddings, banquets) Yes No (if yes, please attach a copy of the rental agreement)

Also does Insured request Third Party to provide Liability Insurance? Yes No

Does the Insured engage in off premises functions? (e.g. special occasion and charity events) Yes No (if yes, what type _____ and provide the following details)

- a. What receipts are generated from such functions \$ _____
- b. Estimated annual number of events/special functions: _____
- c. Are the Insured's staff serving at these functions: Yes No

Financial: Please attach a copy of your latest audited financial statement.

PROPERTY SECTION

1. Building Construction:

Walls	Type construction	No. of stories		Year Built	Date
Floor	Type construction	Area	SqFt or M2	Basement	Full or Partial or None
Roof	Type construction	Year Updated*	Date	0 - 100	% Completed
Wiring	Type	Year Updated*	Date	0 - 100	% Completed
Heating	Type	Year Updated*	Date	0 - 100	% Completed
Plumbing	Type	Year Updated*	Date	0 - 100	% Completed

Fire Alarm System(s)			Central Station	Monitored Station	Local	None
Sprinklers _____%	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):			Portable Extinguishers (Type and number)			
Hydrant(s)	Within 75m <input type="checkbox"/>		Within 150m <input type="checkbox"/>	Over 150m <input type="checkbox"/>	None <input type="checkbox"/>	
Fire Department	Within 3km <input type="checkbox"/>		Within 5km <input type="checkbox"/>	Within 10km <input type="checkbox"/>	Over 10km <input type="checkbox"/>	
Exposure:	<u>North</u>		<u>South</u>	<u>East</u>	<u>West</u>	

*If updated, please advise total dollar amount of updates. \$ _____

2. Is the Kitchen equipped with:

- Deep Fryer. **Yes** **No**
- Grill. **Yes** **No**
- C02 system in kitchen. **Yes** **No** **If "yes", is it a wet system?** _____
- C02 maintenance company **Yes** **No**
- 6 month maintenance in effect (* Mandatory) **Yes** **No**
- (If yes, date of last inspection) _____

CRIME SECTION

1. Protection

Burglary Alarm System(s)				Central Station	Monitored	Local	None
Interior (Infrared or Motion)		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perimeter (contacts on doors and windows)		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bars on Windows:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Deadbolt on Doors		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Make of Alarm:				Monitoring Company			
ULC Rated:				Dedicated line		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Class		Dimensions		
Make							

Guard Dog	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Watchmen Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2. Frequency of bank deposits made and by whom: _____

LIABILITY SECTION

1. Licensed capacity: _____ Internal: _____ Patio: _____

2. Any rooms rented: _____ Total SQ. Footage: _____

3. Gross Receipts: _____ Food: \$ _____ Liquor*: \$ _____

Other (specify source) _____

(* liquor receipts should not include beverage mix [pop], coat check, etc.- include these under "other")

4. Hours of operation: _____ to _____

5. Days of the week: _____

6. If the Insured rents out the facility to another party, do they require proof of Insurance in the form of a \$1,000,000 CGL and are they added as an "Additional Insured". Yes No

7. Number of Employees: Full-time: _____ Part-time: _____

8. Have Managers/Servers taken S.M.A.R.T. program or Equivalent: Yes No

9. Is I.D. checking strictly practiced: Yes No

10. Does the Applicant employ door control Yes No If yes specify, Door Security Bouncers

a. How many Bouncers _____

b. Are Bouncers employees of Insured Yes No

c. Are Bouncers Sub-Contracted Yes No

(If yes, name of company and what proof of Liability Insurance is required) _____

11. How are patrons evicted from premises: _____

12. Under what circumstances are police called: _____

13. How are intoxicated customers handled: _____

14. Is alcohol service stopped: Yes No

15. Does staff contact taxi: Yes No

16. Taxi/public phone available in the premises with a phone number: Yes No

17. Is public transportation readily available: Yes No

18. Other measures taken: _____

19. Entertainment Facilities:

a. Pool Table Yes No

b. Disc Jockey Yes No

c. Dance Floor Yes No

d. Live Entertainment Yes No

(If yes, describe in detail and how often) _____

e. Arcade Games Yes No

f. Video lottery terminal. Yes No

g. Mechanical or other devices (i.e. mechanical bulls, etc.) Yes No

(If yes please describe) _____

h. Other additional facilities: _____

20. Describe car parking facilities: _____ Capacity: _____

21. How many stairwells lead to/from the establishment: _____

22. How many fire exits are available to the customers: _____

23. Policy form required: Claims made form Occurrence form .

Included in our CGL are the following coverages:

Non-Owned Automobile-Excluding Long Term Leased Vehicles
Employees as Additional Insureds
Contingent Employer's Liability
Broad Form Property Damage
Blanket Contractual Liability - Non-Reporting
Personal Injury
Medical Payments Limits- 2,500 each person/25,000 aggregate any one occurrence
Owners /Contractors Protective
Occurrence Property Damage
Separation of Insureds/Cross Liability
Bodily Injury & Property Damage to Protect Persons & Property
Broad Form Automobile
Attached Machinery
Tenants Legal Liability-Broad Form-\$100,000 Limit
Pollution Exclusion- Hostile Fire Exception
Incidental Medical Malpractice

N.B. It is the right of the Insurer to modify or delete any of the above by endorsement.

CHECK (✓) ADDITIONAL COVERAGE REQUIRED

_____ Employee Benefits E&O Limit:\$ _____
_____ Employers Liability Limit:\$ _____
_____ Voluntary Compensation
_____ Forest Fire Fighting Expense Limit: \$ _____
_____ Other (specify) _____

Perils: All Risks (A.R.)

Named Perils (NP)

Valuation: Replacement Cost (R.C.) Actual Cash Value (ACV)

COVERAGES REQUIRED

PERILS	COVERAGES	DED	CO-INS	LIMITS	RATE	PREMIUM
	Building					
	Stock					
	Equipment					
	Consequential Loss					
	Profits					
	Gross Earnings		80%			
	Gross Earnings		No-Co			
	Extra Expenses					
	Rents					
	Other (specify)					
	Glass					
	Sign Floater					
	Office Equipment					
	Other (Specify)					
Including or excluding: Flood?_____ Earthquake?_____ Sewer Backup?_____						
	Broad Form Money					
	In-Out Hold-up					
	Other (specify)					
	CGL					
	TLL					
	Other (specify)					
	Boiler & Machinery					

*****COVERAGE SUBJECT TO THE FOLLOWING ENDORSEMENTS AND WARRANTIES:
(additional conditions may also be applied upon underwriting review)**

CLAUSE 1-AUTOMATIC PROTECTION WARRANTY

The rate of premium being used having regard to the fact that there is present in the risk a fully automatic C02 Extinguishing System or Dry Chemical, it is understood and agreed:

- (a) The Insured shall forthwith notify the Insurer of any interruption to or flaw or defect in the system coming to the knowledge of the Insured;
- (b) The Insured, if owner or lessee of the system, shall provide for regular inspection and maintenance of the equipment as recommended by the manufacturer with a minimum of a semi-annual inspection of the system by the manufacturer's authorized representative.

This Policy of Insurance will cease if the above conditions are not met.

BURGLARY PROTECTION WARRANTY

It is hereby warranted by the Insured and is a condition of this Policy of Insurance that the protection system described to the Insurer(s) will be maintained while this Policy is in force. It is also understood and agreed that:

- (a) The burglar alarm system described to the Insurer(s) will be maintained in proper working order and activated at all times when the “premises” are not open for business.
- (b) The Insured will notify the Insurer(s) immediately upon receiving knowledge that alarm signals will be disregarded by the police and/or the alarm company.

This Policy of insurance will cease to cover any loss from burglary and/or theft including any resultant damage from said perils in event that:

- (a) The Insured fails to maintain the burglar alarm system described to the Insurer(s) during any period.
- (b) The Insured fails to notify the Insurer(s) immediately upon receiving knowledge that alarm signals will be disregarded by the police and/or the alarm company.

LIQUOR LIABILITY LIMITATION

Attached to and forming part of The Commercial General Liability Form

This insurance is limited as follows:

This insurance applies to “bodily injury”, “property damage” or “personal injury” for which the Insured is obligated to pay compensatory damages by reason of the assumption of liability under the Liquor License Act or similar statutes provided that all necessary licenses from public authorities to sell liquor as defined in the Liquor License Act or similar statutes have been obtained by the Named Insured and remain in full force and effect.

If, during the Policy Period such necessary licenses expire and are not renewed, or if such necessary licenses are canceled or revoked for any cause whatsoever, such expiration or cancellation of said license shall operate automatically as a cancellation of this coverage effective without notice.

Except as otherwise provided in this form, all terms, provisions and conditions of the policy shall have full force and effect.

LIQUOR LIABILITY EXCLUSIONS

(ATTACHED TO AND FORMING PART OF THE COMMERCIAL GENERAL LIABILITY FORM)

This insurance does not apply to “Bodily Injury” or “Property Damage” or “Personal Injury” arising out of:

- A. ANY CLAIM OR “ACTION” IN ANY WAY CONNECTED WITH OR RELATED TO, OR ALLEGED TO BE CONNECTED WITH OR RELATED TO, THE EJECTION OF ANY PERSON FROM THE PREMISES, INCLUDING CAR PARKING FACILITIES, OF THE INSURED, BY OR ON BEHALF OF ANY INSURED;
- B. INJURY TO ENTERTAINERS REGARDLESS OF WHETHER THE INSURED MAY BE LIABLE AS AN EMPLOYER OR IN ANY OTHER CAPACITY. ENTERTAINERS INCLUDES ANY PERSON OR PERSONS ENGAGED IN ANY TYPE OF PUBLIC OR PRIVATE PERFORMANCE;
- C. THE SELLING OR SERVING OF ANY ALCOHOLIC BEVERAGES WITH THE KNOWLEDGE OF THE INSURED TO A MINOR;
- D. ASSAULT OR BATTERY CAUSED BY, OR AT THE DIRECTION OF, OR OMISSION BY THE INSURED AND OR EMPLOYEES OF THE INSURED.

Except as otherwise provided in this form, all terms, provisions and conditions of the policy shall have full force and effect.

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:
 - a) gives false or erroneous information to the prejudice of the Insurer, or
 - b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Request: (applicable to Quebec applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les résidents du Québec seulement):

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

Our Privacy Policy and Commitment to Protecting Your Privacy

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

1. Communicate with you.
2. Assess your application for insurance including underwriting and pricing your policies.
3. Evaluate claims.
4. Detect and prevent fraud.
5. Analyze business results.
6. Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, Anthony Fredericks at:

A.M. Fredericks Underwriting Management Ltd.
 201-339 Westney Rd. S.
 Ajax, Ontario
 L1S 7J6
 Tel: 905-428-1269 Ext 109
 Fax: 905-428-3977

Our Insurers privacy contacts are as follows:

Privacy Officer Temple Insurance Company Munich Re Centre 390 Bay Street, 22 nd Floor Toronto, Ontario M5H 2Y2 Tel No: 416-366-9206 or 1-800-444-5321 Fax No.: 416-361-1163	Director of Compliance Echelon General Insurance Company 1550 Enterprise Road, Suite 310 Mississauga, Ontario L4W 4P4 Tel No: 905-564-9215 Ext. 7912 Fax No: 905-565-7992
Corporate Compliance Officer Kingsway General Insurance Company 5310 Explorer Drive, Suite 200 Mississauga, Ontario L4W 5H8 Tel No: 905-629-7888 Ext. 8843 Fax No: 905-629-5008	Privacy Officer The Economical Insurance Group 20 York Mills Road, Suite 500 North York, Ontario M2P 2C2 Tel No: 1-800-265-9996 Ext. 8582 Fax No: 416-733-2873
Privacy Officer AXA Insurance (Canada) 5700 Yonge Street, Ste 1400 North York, Ontario M2M 4K2 Tel No: 1-800-268-0008 Fax No: 416-218-5715	

Applicant acknowledges receipt of and agrees to the Privacy Disclosure and Consent provisions contained in this form.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

 Signature of Applicant or Authorized Representative

 Print Name and Title

 Date

QUESTIONS TO BE ANSWERED BY BROKER

1. Do you know the Applicant personally? _____

If so, for how long? _____

2. Did you receive the order direct from the Applicant? _____

If no, from whom and why? _____

3. Do you handle other Insurance for Applicant? _____

4. Do you recommend this risk in every respect? _____

5. Is this risk a renewal to your Office? _____

If so, how long have you placed insurance on this risk? _____

DATE: _____

BROKER'S SIGNATURE: _____