**APPLICANT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of applicant: |  | | | | |
|  |  | | | | |
| Mailing address: |  | | | | |
|  | *Civic number, street* |  |  |  |  |
|  | *City* |  | *Prov.* |  | *Postal code* |

**SUPPLEMENTAL QUESTIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk address: | | | | Same as mailing address | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |
|  | | | | *Civic number, street* | | | | | | | | |  |  |  | |  | | |
|  | | | | *City* | | | | | | | | |  | *Prov.* |  | | *Postal code* | | |
| Number of year(s) in business (same location and same owner): | | | | |  | | | | |  | | Years of experience: | | | | |  | | |
| Number of full-time employees: | | | | |  | | | | |  | | Number of part-time employees: | | | | |  | | |
| **Anticipated revenues for the next year, according to categories:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | **Estimated annual sales** | | | | | |  | **Percentage of sales** | | | | | |
| Alcohol | | | | | |  | $ |  | | | | |  |  | | | | | % |
| Food | | | | | |  | $ |  | | | | |  |  | | | | | % |
| Video lottery |  | Number : | |  | |  | $ |  | | | | |  |  | | | | | % |
| Rooms | | | | | |  | $ |  | | | | |  |  | | | | | % |
| Billiards | | | | | |  | $ |  | | | | |  |  | | | | | % |
| Bowling | | | | | |  | $ |  | | | | |  |  | | | | | % |
|  | | | | | |  | $ |  | | | | |  |  | | | | | % |
| Total | | | | | |  | $ |  | | | | |  |  | | | | | % |
| **NOTE: add non-alcoholic drinks, entry and coat check fees as additional category(ies)** | | | | | | | | | | | | | | | | | | | |
| Is the establishment open 7 (seven) days a week? | | | | | | | | | | | | | | | | | | Yes  No | |
| If **NO**, specify: | | | |  | | | | | | | | | | | | | | | | |
| Over the past 5 years, has the applicant faced any convictions/suspensions of their alcohol license? | | | | | | | | | | | | | | | | | | Yes  No | |
| If **YES**, specify: | | | |  | | | | | | | | | | | | | | | | |
| **Total capacity of people permitted according to alcohol permits:** | | | | | | | | | | | | | | | | | | | | |
| Indoor alcohol permit: | | | |  | | | | | |  | | Outdoor alcohol permit: | | | | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is there entertainment?** | | | | | | Yes  No |
| If **YES**, specify: | | Dance | DJ | Show | Comedy show | |
|  | | Erotic show | If **OTHER**, specify: |  | | |
| Are there special themed evenings and contest? | | | | | | Yes  No |
| If **YES**, specify: | |  | | | | | |
| Are there video lottery terminals? | | | | | | Yes  No |
| If **YES**, specify: | |  | | | | | |
| **Is there a swimming pool, sauna, therapeutic bath or other relaxation equipment on premise?** | | | | | | Yes  No |
| If **YES**, specify: | |  | | | | | |
| **Are there rooms for employees?** | | | | | | Yes  No |
| If **YES**, specify the number: | |  | | | | | |
| If **YES**, are there cooking facilities in these rooms? | | | | | | Yes  No |

**SECTION 2 – DETAILS OF REQUIRED COVERAGE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| How many years has the applicant had insurance? | | | | | |  | | |
| Name of present insurer: |  | | | | | | | |
| Effective date of insurance: |  | |  | | Expiring premium: | $ |  | |
|  | *MM/DD/YY* | |  | | Target premium : | $ |  | |
|  |  | |  |  | |  | | |
| Has any Insurer ever cancelled, restricted or refused to renew any insurance? | | | | | | | | Yes  No |
| If **YES**, please explain: | |  | | | | | | |

**SECTION 3 – PREVIOUS LOSS HISTORY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List all claims within the last 5 years, whether settled or not. | | | | | | | | | |
| **Date** |  | **Damages description** | |  | **Amount paid or reserve** | |  | **Status** | |
|  |  |  | |  | $ |  |  |  | |
| *MM/DD/YY* |  |  | |  | $ |  |  |  | |
| *MM/DD/YY* |  |  | |  | $ |  |  |  | |
| *MM/DD/YY* |  |  | |  | $ |  |  |  | |
| *MM/DD/YY* |  |  | |  | $ |  |  |  | |
| *MM/DD/YY* |  |  | |  |  |  |  |  | |
| Is the applicant aware of any incident(s) not reported to the insurer that could give rise to a claim? | | | | | | | | | Yes  No |
| If **YES**, specify: | | |  | | | | | | |

**ADDITIONAL INFORMATION**

|  |
| --- |
|  |

To send your quote request or to contact our team, write us at: [montreal@tottengroup.com](mailto:montreal@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!