**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 .
Our team will be happy to see if we can help you with your risk!