



BINGO APPLICATION

General Information:

- 1. Name of Insured:
2. Mailing Address:
3. Location of Risk:
4. Contact Name: Title: 5. Web site:
5. Applicant is: Individual Corporation Partnership Other:
6. Number of years in operation: with current management:
7. Number of locations (If more than one, please attach a schedule of all locations and addresses):
8. Location(s) are: Owned Leased Neither
9. Effective Date: Expiry Date:

Current/Most Recent Coverage Information

- Insurance Company: Dates of Coverage:
Liability Limits: Occurrence: Aggregate:
Deductible: Premium:
Property Limit: Premium:
Other (Please specify type): Limit:

Is Hired/ Non-Owned Auto Coverage included? Yes No Average Non-Owned Auto Value:

Any losses in the past five years? Yes No If Yes, Please attach a complete Loss History

Has any form of Insurance ever been cancelled/declined? Yes No If "Yes", please provide details:
Please attach a schedule of any additional current insurance coverage

Desired Coverages:

- 1. Desired Limit of Commercial General Liability: Deductible:
2. Property: 3. Equipment:
4. Hired and Non-Owned Auto: Limit: Deductible: No of Vehicles:
Types of Vehicles: Average Auto Value: Estimated No of Days Rental:

Property Information:

- 1. Total area occupied by business to be insured: Total area of entire building:
2. Other occupancies:
3. Number of Stories: Age: Number of basements you occupy (if any):

4. Indicate year of building updates: Electrical: _____ Plumbing: _____ Heating/AC: _____ Roof: _____
5. List any other updates which have been done: _____
6. Construction of Walls: _____ Roof: _____ Are there bars on: windows? doors?
7. Distance to nearest Fire Hydrant: _____ Distance to nearest Fire Hall: _____
8. Are there Building Sprinklers? Yes, 100% Yes, Partial _____ % No
9. Burglar Alarm? Yes No If Yes, what type: Central Monitoring Local ULC Certified
10. Are all doors equipped with double cylinder deadbolt locks? Yes No If No please describe protection:

11. Is there a Safe on the premises? Yes No If Yes please specify type/class: _____
12. Average amount of cash on the premises: _____ Maximum amount: _____
13. Describe Security (per shift/total): _____
Who is responsible for providing Security (name)? _____
If Other than Applicant, is Certificate of Insurance provided? Yes No
14. Is there an emergency evacuation plan established for the facility? Yes No **If Yes, please attach a copy**
15. Is there a back-up generator or other power supply in an emergency? Yes No
16. Is the property: Privately Owned Rented **If Rented, Please attach a copy of the Lease Agreement**

General Operating Information:

1. Estimated annual attendance: _____ 2. Maximum capacity: _____
2. Hours of operation: _____
3. Any sales of alcoholic beverages on the premises? Yes No **If Yes, attach Liquor Liability Application**
4. Are there Cooking Facilities on the premises? Yes No If Yes Describe: _____
What types of Fire Protection is present? _____
Who is providing food, applicant or other (name)? _____
If other than applicant, is a certificate of insurance provided? Yes No
Describe the type(s) of food served: _____
5. Number of staff: total: _____ per shift: _____
6. Are all parking lots well-lit? Yes No
Are parking areas and sidewalks/walkways checked daily and maintained regularly? Yes No
Number of parking lots: _____ Total parking lot capacity: _____
7. Are floors and stairwells checked daily and maintained regularly? Yes No
8. Are tables and chairs in good condition and subject to regular inspection and repair? Yes No
9. Please state the frequency of washroom checks/maintenance: _____
10. Is there a maintenance log or schedule recording the activities in question number(s) 6, 7, 8 and/or 9 above?
 Yes No **If Yes, Please attach a sample of each log or schedule**

11. Is there any child-care/babysitting service? Yes No If "Yes", please describe: _____
12. Is smoking allowed anywhere on the premises? Yes No If "Yes", please describe: _____
13. Is there a video arcade or games room? Yes No If "Yes", please describe: _____
14. Please list any additional exposures not previously described: _____
15. Is Video Surveillance used: Indoors Outdoors If Yes, is it: Video Tape Digital Other: _____
- How long are videos retained: _____

Annual Gross Receipts:

Bingo Operations: _____ Food: _____

Liquor: _____ Other: _____

If there is "Other" revenue, please describe: _____

Please list the organizations that require a Certificate of Insurance from you (As they are to appear on the policy)

NAME	ADDRESS	RELATIONSHIP TO YOU*
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

* If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, as respects to your activity or operation.

Please attach the following information to this application:

- a. Loss Runs for the previous Five Years
- b. Brochures and Promotional Material about the Organization
- c. Copy of any Maintenance Log used by the Insured
- d. Copy of Lease Agreement if Premises/Facility is Rented

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____