

**Member Information**

Legal Name:

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Mailing Address:

City: Province:

Postal Code: Country: Canada

Contact: Email:

Telephone:

Website:

Legal Status:  Corporation  Not-for-Profit  Proprietorship / Individual

Insurance Expiry Date (dd/mm/yyyy)

**Operations**

Please describe any other operations (corporate events, third-party rentals):

**Liability Information**

Employees:	Full-Time	Part-Time	Covered by Workers Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revenue:	Tickets: \$		<input type="checkbox"/> Not Applicable	
	Alcohol \$		<input type="checkbox"/> Not Applicable	
	Food \$			
	Merchandise \$			
	Rentals \$			
	Other \$		Describe:	
	Other \$		Describe:	
Is liquor be served in your space?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you hold the liquor license?			<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
If No, name of license holder:				
Is your company an Additional Insured on this policy?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are all servers trained according to Provincial requirements?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you offer any programs for young people of vulnerable adults?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please describe the programs:				
Are you interested in Abuse Liability insurance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', we will provide you with a separate questionnaire to complete.				

**Property Information**

Does your building have a heritage designation or listing?  No  Yes

Walls: Roof:

Basement:  Yes  No

**Property Information**

Year Built: \_\_\_\_\_ Upgrades (year): \_\_\_\_\_ Electrical \_\_\_\_\_ Roof: \_\_\_\_\_

Total Area \_\_\_\_\_ sq ft Public Area \_\_\_\_\_ sq ft No. of Stories \_\_\_\_\_

Number of Auditoriums: \_\_\_\_\_ No. of Seats (Total) \_\_\_\_\_

Do you have a cooking facility?  Yes  No  Warming kitchen only

If yes, do you have deep-frying?  Yes  No

Please provide a copy of your fire-suppression certificate  Attached

**Protection Details (check all that apply)**

Smoke Detectors  Extinguishers  Fire Detector

Is fire alarm monitored by an outside company?  Yes  No Name \_\_\_\_\_

Fire Sprinklers  % of area \_\_\_\_\_ %

Distance from Fire Station: \_\_\_\_\_ Kilometres Number of Fire Hydrants \_\_\_\_\_ Feet Apart

Fire department is:  Full Time  Volunteer

Burglar Alarm:  Yes  No Local  Central/Monitored

Security Guards:  Yes  No No. per Shift \_\_\_\_\_ Hours Active Daily \_\_\_\_\_

CCTV/Video Cameras  Yes  No No. Interior \_\_\_\_\_ No. Exterior \_\_\_\_\_

Is footage recorded?  Yes  No How many days is footage retained? \_\_\_\_\_

Please describe other protection at your theatre:  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a parking lot?  No  Yes  Indoor  Outdoor

Do you use snow removal & salting service contractor?  Yes  No

Occupancy by others in building: (check all that apply):

Retail  Offices  Manufacturing  Warehouse (storage)

Repair  Dwelling  Industrial Mall  Other: \_\_\_\_\_

If you lease your property, please provide a copy of your premises lease  Attached

**Coverage Requirements**

All property values should be reported on a Replacement Cost basis (no deduction for depreciation)

Property	
Building	\$
Audio-Visual Equipment (including screens)	\$
Tenant improvements	\$
Auditorium Seating	\$
Computer Hardware	\$
Fittings & Fixtures	\$

**Coverage Requirements**

Other: Describe	\$	
Other: Describe	\$	
Other: Describe	\$	
Bodily Injury & Property Damage Liability	\$	
Are you interested in Cyber & Privacy Breach insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are interested in Directors, Officers and Employment Liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Claims Information & Prior Insurance**

Current Insurance Company:

In the past 5 years, have you made claims under previous commercial or business insurance?  No  Yes

If yes, please provide details and the amount of the payment:

**Declaration & Signature**

**Important: Please read the following carefully**

The undersigned authorized person declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the insurer to offer, nor the applicant to accept insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

I have read the foregoing and I understand and accept the conditions.

I am authorized to sign on behalf of the Applicant and the information provided is imputed on the Applicant

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ (d-mmm-y)

Title: \_\_\_\_\_