

LIQUOR LIABILITY QUESTIONNAIRE

1. Name of Applicant/Insured: _____
 Policy Number: _____
 Address of Location to be covered: _____
 Current Insurer on risk: _____
 Expiry CGL Premium: \$_____ Expiry Date: _____

Claims History (Previous 5 Years)

Date of Occurrence	Description	Amount of Loss

2. a) Describe operation, listing all activities the premises are used for (attach a separate sheet if more space needed)

- b) Are special occasion permits allowed? Yes No
 If yes, describe: _____

3. What are your gross annual receipts for:

- a) Sale of liquor in restaurant, lounge and/or beverage room \$ _____
 b) Vendor sales, off sales or retail liquor sales \$ _____
 c) Sale of Food \$ _____
 d) Rental of hotel/motel room \$ _____
 e) Rental of premises for meetings, banquets, social functions, etc. \$ _____
 f) Other Functions \$ _____
 If applicable, describe: _____

4. a) What are your hours of operation? _____

- b) Do you have "Happy Hour"? Yes No
 If yes, describe: _____

- c) Any monthly rentals? Yes No
 If yes, describe: _____

5. Describe any entertainment you have and/or plan to provide: _____

If yes, how many times a week and/or year? _____

6. Does the establishment have a dance floor? Yes No

7. Does the establishment have:

- Pool Tables Yes No If Yes, specify quantity: _____
 Shuffleboard Tables Yes No If Yes, specify quantity: _____
 Dart Boards Yes No If Yes, specify quantity: _____
 Video Lottery Terminals Yes No If Yes, specify quantity: _____
 Video Machines Yes No If Yes, specify quantity: _____
 Live Entertainment Yes No If Yes, specify quantity: _____
 Karaoke Yes No If Yes, specify quantity: _____
 Pyrotechnics or Special Lighting Yes No If Yes, specify quantity: _____

8. Do you manage the operations yourself? Yes No
 If not, how long has the present manager held this position? _____

9. Do you lease or loan your premises to others? Yes No
- a) Describe type of functions: _____
- b) Do you provide the service of any of your staff for these functions? Yes No
- c) Attach a copy of contract form used for rental of your premises by others.

10. What is your annual payroll? \$ _____

11. How many staff do you employ in the following positions:

Manager _____

Bartender's _____

Waiter/Waitresses _____

Bouncer's _____

Security Guards _____

Other _____

Provide a copy of written hiring procedures, if available. If not, what hiring standards/criteria have been established relative to previous experience, background and qualifications when hiring the above personnel. Describe:

12. If you employ bouncers and/or security personnel, do these employees have a history of involvement in violent confrontations? Yes No

Describe any known incidents: _____

13. Have employees been trained to deal with intoxicated patrons (i.e. SIPS course)? Yes No

14. Describe how your staff have been instructed to handle the following situations:

- a) A patron arrives at your premises, obviously impaired: _____
- b) A patron appears to have consumed his/her limit of alcohol: _____
- c) A patron becomes disruptive and/or abusive: _____
- d) A fight breaks out amongst the patrons: _____
- e) A patron who is obviously impaired leaves your premises alone: _____
- f) A group of patrons who are all obviously impaired leave your premises: _____

15. Does your staff have written instructions on how to handle the aforementioned situations? Yes No

16. How frequently and in what way are these procedures reviewed with:

- a) New Staff: _____
- b) Existing Staff: _____

17. a) Are customers encouraged to use "Designated Drivers"? Yes No

b) Do you have a "Designated Driver" program? Yes No

If yes, explain: _____

18. a) Do you provide a taxi service for your patrons? Yes No

b) How are the patrons made aware of this service? _____

c) What instructions are provided to your staff regarding this service? _____

d) Do your staff drive patrons home? Yes No

If yes, whose automobile do they use? _____

19. a) Do you ask for identification from young patrons to confirm age? Yes No
 b) Are your employees trained to recognize false identification? Yes No
20. Have fights broken out among patrons in the last 12 months? Yes No
 If yes, how many? _____
- a) Is the maximum occupancy posted? Yes No
 b) What is the maximum occupancy? _____
 c) Is the maximum occupancy enforced? Yes No
 d) What is the maximum capacity for outdoor patios (if applicable)? _____
21. Are there guidelines established for housekeeping and maintenance of the premises while establishment is open and/or closed for business? Yes No
 If yes, describe: _____
22. Does the facility have a sufficient number of well-lit exit and back-up lighting systems? Yes No
23. Does the building have working smoke and fire alarms? Yes No
24. Does the building have sprinkler systems? Yes No
25. Describe all infractions, cancellations or fines relating to serving liquor: _____

26. Have you installed CCTV surveillance cameras? Yes No
 If yes, how long is the information saved? _____

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

Privacy Disclosure and Consent

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.

Applicant's Signature: _____

Date: _____

Brokerage Name: _____

Broker's Signature: _____

Date: _____