

**CARRIER:**

United States Liability Insurance Company

## Bar / Restaurant Product Application

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW. INSTANT QUOTE IS ONLY AVAILABLE FOR ACCOUNTS WITH NO LOSSES IN THE PAST FIVE YEARS.

**Coverage(s) Desired:** ☐ Property ☐ General Liability ☐ Liquor Liability**I. INSTANT QUOTE INFORMATION**

Applicant's name (include DBA name): \_\_\_\_\_

Location address: \_\_\_\_\_ ☐ Same as mailing address

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Form of business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Trust ☐ Other \_\_\_\_\_**Description of Operations:**

1. How many locations are to be insured? \_\_\_\_\_ (complete one application per location)
2. What year did business start at this location under the current ownership and management? \_\_\_\_\_
3. How many years experience does the current ownership have in owning or managing this type of operation? \_\_\_\_\_
4. Have there been any losses/claims, liquor citations, violations, charges or enforcement actions at this location in the past five years? ☐ Yes ☐ No

If "Yes," please complete Section III

**General Liability****Limit:** ☐ \$1,000,000/\$2,000,000 ☐ \$2,000,000/\$2,000,000 ☐ \$2,000,000/\$5,000,000  
☐ \$3,000,000/\$3,000,000 ☐ \$4,000,000/\$4,000,000 ☐ \$5,000,000/\$5,000,000

5. Add hired and non-owned auto liability? ☐ Yes ☐ No
  - a. Are employees or volunteers required to use their personal automobile to conduct the applicants business on a regular basis? ☐ Yes ☐ No
  - b. Are vehicles used to transport people or deliver goods or products on a regular basis? ☐ Yes ☐ No
  - c. Is there a commercial auto insurance policy in force? ☐ Yes ☐ No

**Liquor Liability****Limit:** ☐ \$50,000/\$100,000 ☐ \$100,000/\$200,000 ☐ \$300,000/\$600,000 ☐ \$500,000/\$500,000  
☐ \$500,000/\$1,000,000 ☐ \$1,000,000/\$1,000,000 ☐ \$1,000,000/\$2,000,000**Annual Receipts:**

Food Sales	Alcohol Sales-On Premises Consumption	Retail Alcohol Sales	Wholesale Alcohol Sales	Catering Sales	Other Receipts (Describe)
\$	\$	\$	\$	\$	\$

6. Does the establishment feature any of the below entertainment? ☐ Yes ☐ No

If "Yes," check all the following that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Adult entertainment/Exotic dancing                  | Number of times per week _____ or per year _____ |
| <input type="checkbox"/> Band (three or more members, excluding jazz bands)  | Number of times per week _____ or per year _____ |
| <input type="checkbox"/> Banquet entertainment by the organization or lessee | Number of times per week _____ or per year _____ |
| <input type="checkbox"/> Dance club/hall                                     | Number of times per week _____ or per year _____ |
| <input type="checkbox"/> DJ with dancing                                     | Number of times per week _____ or per year _____ |

7. Is dancing permitted? ☐ Yes ☐ No

8. Are there tables? ☐ Yes ☐ No

If "Yes," is there table service? ☐ Yes ☐ No

9. Is the establishment located within a food court with no responsibility for the seating area? ☐ Yes ☐ No
10. What is the latest time the establishment will close? \_\_\_\_\_ ☐ a.m. ☐ p.m. ☐ 24 hours
11. Are bouncers, security or door persons ever employed? ☐ Yes ☐ No
12. Does the establishment permit "BYOB" (bring your own bottle)? ☐ Yes ☐ No
13. Are there any mechanical bulls or riding devices on the premises? ☐ Yes ☐ No
14. Are there any gaming machines on the premises? ☐ Yes ☐ No  
If "Yes," how many? \_\_\_\_\_
15. Is the applicant the building owner? ☐ Yes ☐ No
16. Is this establishment the sole occupancy of the building? ☐ Yes ☐ No
17. Does the establishment, as the building owner, lease any portion of the building to commercial tenants? ☐ N/A ☐ Yes ☐ No  
If "Yes," what is the total square footage of commercial space? \_\_\_\_\_ sq. ft.  
Describe the occupancy \_\_\_\_\_
18. Does the establishment, as the building owner, lease any apartments on the premises? ☐ N/A ☐ Yes ☐ No  
If "Yes," what is the total number of apartment units? \_\_\_\_\_ What is total square footage of apartment space? \_\_\_\_\_ sq. ft.
19. Are there grills, deep fat frying equipment, or woks on the premises? ☐ Yes ☐ No  
a. If "Yes," what type of extinguishing system is functioning and operational? ☐ Dry ☐ Wet  
b. If "Dry," is there a deep fat fryer on the premises? ☐ Yes ☐ No

### Property Section

<b>Building Construction</b>			
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry Noncombustible			
What year was the building constructed? _____	FUS Grade	Deductible	Cause of Loss
What is the square footage of the entire structure? _____		<input type="checkbox"/> \$1,000	<input type="checkbox"/> Basic (Named Perils)
Is the building protected by an operational sprinkler system covering 100 percent of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> \$2,500	<input type="checkbox"/> Special (Broad)
		<input type="checkbox"/> \$5,000	
<b>Building Limit:</b> \$ _____		Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Personal Property Limit:</b> \$ _____		Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Income Limit:</b> \$ _____		Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%	
<input type="checkbox"/> With extra expense		or	
<input type="checkbox"/> Without extra expense		Monthly Limit of Indemnity: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	

20. Plumbing type: ☐ PVC ☐ Copper ☐ Lead ☐ Galvanized ☐ Other: \_\_\_\_\_
21. Roof type: ☐ Flat ☐ Wood shake ☐ Shingle ☐ Metal ☐ Tile ☐ Slate ☐ Other: \_\_\_\_\_
22. What is the age of the roof? \_\_\_\_\_ years
23. What type of burglar alarm is on the premises? ☐ Central station ☐ Local ☐ None

<input type="checkbox"/> Add Earthquake		<input type="checkbox"/> Add Flood		<input type="checkbox"/> Add Equipment Breakdown	
<input type="checkbox"/> Add Interruption of Computer Operations		<input type="checkbox"/> Add Electronic Data			
<input type="checkbox"/> Add Outdoor Signs \$ _____	<input type="checkbox"/> Add Improvements and Betterments \$ _____	<input type="checkbox"/> Add Valuable Papers \$ _____	<input type="checkbox"/> Add Canopy/Awning \$ _____		
<input type="checkbox"/> Add "Waiver of Transfer of Rights of Recovery Against Others to Us"			<input type="checkbox"/> Add Accounts Receivable		
<input type="checkbox"/> Add Glass		Height: _____ ft. x _____ Width: _____ ft. x _____ Number of panes: _____ = _____			

### II. LOSSES/LIQUOR VIOLATIONS, CITATIONS, CHARGES OR ENFORCEMENT ACTIONS FOR THE PAST 5 YEARS AND ADDITIONAL INTERESTS

24. Have there been any liquor violations, citations, charges or enforcement actions in the last five years? ☐ Yes ☐ No

Date of Violation	Description of Violation	Measures Taken to Prevent Future Violations

Please provide additional claims or information on separate sheet

25. Have there been any losses in the last five years?

☐ Yes ☐ No

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

**Additional Interests** (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### III. ELIGIBILITY CRITERIA

26. Are there any past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? ☐ Yes ☐ No

27. Has Insurance coverage been cancelled or non-renewed in the past three years? ☐ Yes ☐ No

Advise reason for cancellation: \_\_\_\_\_

28. Does any building built prior to 1978 have aluminum or knob-and-tube wiring? ☐ Yes ☐ No

29. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? ☐ Yes ☐ No

30. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? ☐ Yes ☐ No

#### Property

31. Do all grills, deep fat frying equipment and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96? ☐ Yes ☐ No

32. Does the automatic fire extinguishing system have an in-force cleaning contract? ☐ Yes ☐ No

33. Are there functioning and operational fire extinguishers according to code? ☐ Yes ☐ No

34. Are pyrotechnics or foam machines on the premises? ☐ Yes ☐ No

35. Is this a seasonal operation? ☐ Yes ☐ No

If "Yes,"

a. Is the location locked and secured during the closed season? ☐ Yes ☐ No

b. How many months of the year is the business closed? \_\_\_\_\_

#### General Liability

36. Does the establishment serve raw seafood? ☐ Yes ☐ No

37. Does the establishment have a child's play area? ☐ Yes ☐ No

38. Is the applicant responsible for the maintenance of the building, sidewalk, parking area or snow and ice removal? ☐ Yes ☐ No

39. Is there inhalation of oxygen gas from tanks or hookah smoking on the premises? ☐ Yes ☐ No

40. Will/has the establishment act/acted as a franchisor (grantor of a franchise)? ☐ Yes ☐ No

41. Does the public access multiple levels within the establishment? ☐ Yes ☐ No

42. Are there any pyrotechnics, foam machines, mosh pits, trampolines or swimming pools on the premises? ☐ Yes ☐ No

43. Are there at least two means of egress (exits) for every floor with public access? ☐ Yes ☐ No

44. If there is another occupancy in the building, for this establishment, do all grills, deep fat fryers and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96? ☐ Yes ☐ No

45. Does the establishment have a cabaret license? (Nova Scotia only) ☐ Yes ☐ No

## Liquor Liability

46. What time does the sale of alcohol cease? \_\_\_\_\_ ☐ a.m. ☐ p.m. ☐ 24 hours
47. Is the establishment a non-profit private, fraternal or social club? ☐ Yes ☐ No  
*If "Yes," complete section IV-C*
48. Does the establishment utilize an identification scanner on all patrons regardless of age? ☐ Yes ☐ No
49. Are drink specials/happy hours offered after 9:00 p.m.? ☐ Yes ☐ No
50. Is there a bar with seating? ☐ Yes ☐ No
51. Does the establishment attract a predominantly youthful clientele ranging from 18 to 25 years of age (local provincial minimum drinking age applies)? ☐ Yes ☐ No
52. Does the establishment permit "BYOB" (bring your own bottle)? ☐ Yes ☐ No  
*If "Yes," complete section IV-D*
53. Are facilities available for banquets, receptions or private affairs? ☐ Yes ☐ No  
*If "Yes," complete section IV-A*
54. Is alcohol ever sold or served away from the premises? ☐ Yes ☐ No  
*If off-premises coverage is desired, attach a completed Catering Plus Liquor Liability Application, form CP-LLA, to this submission*
55. Is the applicant a retail liquor store, convenience/deli/grocery operation, or micro brewery/brew pub/distillery operation? ☐ Yes ☐ No  
*If "Yes," complete section IV-E or IV-F*
56. What is the lowest beer price offered, including happy hours and specials? \$ \_\_\_\_\_
57. What is the lowest price offered for a glass of wine/liquor including happy hours and specials? \$ \_\_\_\_\_
58. Are General Liability limits equal to or greater than Liquor Liability limits maintained? ☐ Yes ☐ No
59. Have all owners and principals with a controlling interest been financially solvent (i.e. no bankruptcy filings) for the last 12 months? ☐ Yes ☐ No
60. Is a valid liquor license maintained if required by ordinance or law? ☐ Yes ☐ No  
Name on the license: \_\_\_\_\_  
License #: \_\_\_\_\_
61. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? ☐ Yes ☐ No
62. Has Liquor Liability coverage been cancelled or non-renewed in the past five years? ☐ Yes ☐ No
63. Is the establishment affiliated with a franchise operation? ☐ Yes ☐ No
64. Are patrons offered more than two complimentary drinks in one day? ☐ Yes ☐ No
65. Are "all you can drink", "bottomless drinks" or open bar specials offered? ☐ Yes ☐ No
66. Are patrons under the legal drinking age permitted on the premises? ☐ Yes ☐ No
67. Are patrons under the legal drinking age permitted on the premises after 11:00 pm? ☐ Yes ☐ No
68. Are whole bottles of liquor sold for bottle service or set ups offered? ☐ Yes ☐ No
69. Are drinking games offered or permitted (e.g. beer pong)? ☐ Yes ☐ No
70. Does the establishment have a cabaret license? (Nova Scotia only) ☐ Yes ☐ No

## IV. COMPLETE APPLICABLE SECTIONS FOR ADDITIONAL OPERATIONS:

### A. RESTAURANTS OR BARS WITH BANQUET OPERATIONS

*Note: If operation is strictly a banquet hall, attach a completed Catering Plus Liquor Liability Application, Form CP-LLA, to this submission*

71. a. If there are banquet operations on the premises, are only the establishment's authorized employees or members permitted to serve alcohol at all events? ☐ Yes ☐ No
- b. If "No" to question "a," are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own Liquor Liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy? ☐ Yes ☐ No

### B. FINE DINING ESTABLISHMENTS

72. a. Is the average entrée price greater than \$20.00? ☐ Yes ☐ No
- b. Is the average bottle of wine price greater than \$30.00? ☐ Yes ☐ No
- c. Is the number of bottles on the wine list greater than 10? ☐ Yes ☐ No

### C. NON-PROFIT PRIVATE, FRATERNAL OR SOCIAL CLUBS

73. a. Are same day memberships available? ☐ Yes ☐ No
- b. Are members permitted to bring more than three guests per day (excluding banquet activities and immediate family members)? ☐ Yes ☐ No
- c. Is self-service of alcohol by members permitted? ☐ Yes ☐ No
- d. Are drink specials or happy hours ever offered? ☐ Yes ☐ No
- e. Are any single drinks sold for less than \$.50? ☐ Yes ☐ No
- f. Is BYOB (Bring your own bottle) permitted? ☐ Yes ☐ No
- If "Yes," is this restricted to private functions only? ☐ Yes ☐ No

### D. BRING YOUR OWN BOTTLE (BYOB) RESTAURANTS

74. a. What is the maximum occupancy of the establishment? \_\_\_\_\_
- b. What percentage of patrons brings their own bottle? ☐ Less than 50% ☐ More than 50%
- c. Does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons? ☐ Yes ☐ No
- d. Are patrons permitted to bring hard alcohol on the premises? ☐ Yes ☐ No

### E. RETAIL LIQUOR STORE, CONVENIENCE/DELI/GROCERY STORE

75. Is proof of age required before serving alcohol to anyone who appears to be under the age of 35? ☐ Yes ☐ No
76. Are complimentary tastings offered? If "Yes," complete the following: ☐ Yes ☐ No
- a. Is eight ounces the maximum amount of complimentary samples permitted for any one patron per day? ☐ Yes ☐ No
- b. Are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own Liquor Liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy? ☐ Yes ☐ No
- c. Is self-service of alcohol permitted by patrons? ☐ Yes ☐ No
77. Does the establishment deliver alcoholic beverages to the general public? If "Yes," complete the following: ☐ Yes ☐ No
- a. Is alcohol only delivered to adults who provide proper identification and signature verifying they are of legal drinking age (local provincial minimum drinking age applies)? ☐ Yes ☐ No
- b. Does applicant deliver to any of the following provinces: New Brunswick, Northwest Territories, Nunavut and Quebec? ☐ Yes ☐ No

### F. MICROBREWERY/BREW PUB/DISTILLERY

78. Is self-service of alcohol permitted by patrons? ☐ Yes ☐ No
79. Is employee consumption limited to the tasting of products for quality purposes only? ☐ Yes ☐ No
80. Are complimentary tastings offered? If "Yes," complete the following: ☐ Yes ☐ No
- a. (Micro-breweries): Is twelve ounces the maximum amount of complimentary samples permitted for any one patron per day? ☐ Yes ☐ No
- b. (Distilleries): Is two ounces the maximum amount of complimentary samples permitted for any one patron per day? ☐ Yes ☐ No
- c. Are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own Liquor Liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy? ☐ Yes ☐ No
81. Are there retail alcohol sales? ☐ Yes ☐ No
- a. Is proof of age required before serving alcohol to anyone who appears to be under the age of 35? ☐ Yes ☐ No
82. Does the establishment deliver alcoholic beverages to the general public? If "Yes," complete the following: ☐ Yes ☐ No
- a. Is alcohol only delivered to adults who provide proper identification and signature verifying they are of legal drinking age (local provincial minimum drinking age applies)? ☐ Yes ☐ No
- b. Does applicant deliver to any of the following provinces: New Brunswick, Northwest Territories, Nunavut and Quebec? ☐ Yes ☐ No
83. Are there wholesale alcohol sales? ☐ Yes ☐ No
- a. If "Yes," does the applicant have any operations in New Brunswick, Northwest Territories, Nunavut and Quebec? ☐ Yes ☐ No
84. Are samples sold or served at festivals or any other off-premises events? ☐ Yes ☐ No
- If "Yes," please complete the newest version of the special event application for separate quote consideration.

## FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

## PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Principal, Partner or Officer)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: \_\_\_\_\_ Agent's signature: \_\_\_\_\_  
(Required in Prince Edward Island and Saskatchewan)