



LIQUOR LIABILITY APPLICATION

(to be completed with Facility/
Event/General Application)

GENERAL INFORMATION

1. Name of Applicant: _____

2. Mailing Address: _____

3. Risk Address: _____

4. Additional Insureds and relationship to Applicant: _____

Name

Business Relationship

Certificate Required?

5. Number of years in operation: _____ With current owner: _____ With current management: _____

6. Loss History for Past 5 Years: _____

7. Current Insurer: _____ Expiry Date: _____

8. Has Insurance Ever Been Cancelled? Yes No

If yes, please provide details. _____

9. Does the Applicant Hold a Liquor Service License? Yes No

If "Yes": _____

a) Are All Liquor Service Staff 19 Years of Age or Older? Yes No

b) Are All Liquor Service Staff Certified by One of the Approved Programs? Yes No

"Smart Serve" Yes No
 "Serving It Right" Yes No
 "It's Good Business" Yes No

Other _____

c) Who is Certified?

General Manager Yes No
 Bar Manager/Supervisor Yes No
 Bartenders Yes No
 Servers Yes No

Other Staff: _____

d) Do You Check ID for All Patrons Who Appear to be Under the Age of 25 Years? Yes No

e) Do You Have a WRITTEN Liquor Service Policy Statement? Yes No
 Is It Prominently Posted? Yes No

f) Do You Have WRITTEN Liquor Consumption Rules and Regulations? Yes No
 Are the Rules of Service Prominently Posted? Yes No

g) Are Staff/Employees Given the Clear Authority and Duty to Impose and Enforce These Rules Without Exception? Yes No

Does it Include Procedures to:

Deny Entry to Patrons Who Appear Impaired or Are Underage Yes No

Handle a New Arrival Already Impaired Yes No

Handle Abusive or Disruptive Patrons Yes No

Handle Violent or Fighting Patrons Yes No

Handle Intoxicated Patrons Wishing to Leave Alone or Drive Yes No

h) Are All Staff Aware of their Legal Obligations to:

Not Encourage Intoxication Yes No

Not Supply Liquor Which Causes Intoxication Yes No

Monitor and Supervise Patrons' Consumption of Alcohol Yes No

Control Patrons' Consumption of Alcohol Yes No

Recognize and Notice Intoxication in Patrons Yes No

Cease to Serve Intoxicated Patrons Yes No

Take Appropriate Steps to Prevent Intoxicated Patrons from Leaving the Premises Unaccompanied and/or Driving Yes No

- i) Are All Staff Aware of their Legal Obligations to "Care For" Intoxicated Patrons: Yes No
 - j) Are All Staff Aware of their Legal Obligations to "Care For" Intoxicated Patrons: Yes No
 - k) Are Any of the Following Anti-Impairment Programs in Place: Yes No
 - Designated Driver Program Yes No
 - Free Taxis Yes No
 - Staff Valet Service for Vehicles Home Yes No
 - Overnight Accommodation Yes No
 - Other : _____
- How are Patrons Made Aware of these Services?: _____

- l) Are All Staff Required to File Written Incident Reports (If "Yes", provide a Sample) Yes No
- m) Do You Prohibit the Consumption of Privately Supplied Alcoholic Purchases? Yes No
- n) Does Security Maintain the Right of Search and Seizure with Respect to Items Brought onto the Premises? Yes No
 - If "Yes", How are Patrons Notified of this? _____
- o) Is there More than One Room or Area Where Patrons Are Served Alcohol? Yes No
 - If "Yes", Describe all Liquor-Serving Facilities, and Explain How You Handle the "Transfer of Control" from the Staff of the Various Areas?

- p) Do You Hold Any Activities That Encourage Drinking (e.g. Happy Hour, Ladies Night) Yes No
 - If "Yes", Provide Details: _____
- q) Do You Prevent Patrons Who Appear Intoxicated from Taking Part in Any Activities Which Could Cause Harm? Yes No

10. Previous year gross receipts from:

Food: _____ Parking: _____

Beer/Liquor: _____

Other (Describe): _____

11. No. of Staff Who Serve Alcohol: _____

12. Do You Employ Door Control/Bouncers? Yes No

PLEASE ATTACH COPIES OF THE FOLLOWING:

- 1) Your Liquor Service Policy Statement
- 2) Your Liquor Service Rules and Regulations
- 3) Your Staff/Employee Procedures and Authorities Statement
- 4) Your Incident Report Form
- 5) Any Event/Sponsor Agreements (if applicable)

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF ANY POLICY, SHOULD A POLICY BE ISSUED AS A RESULT OF THIS APPLICATION. THE APPLICATION SHALL BE DEEMED A SCHEDULE TO SUCH POLICY, BUT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER UNLESS AND UNTIL A POLICY OF INSURANCE IS ISSUED IN RESPONSE TO THIS APPLICATION.

Signature

Date

By signing above, I authorize StoneRidge Specialty Insurance, in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

Send completed form to:
StoneRidge Specialty Insurance
195 Franklin Boulevard, Suite 6
Cambridge, Ontario
N1R 8H3

Telephone: 1-226-318-1744
Fax: 1-905-648-7399
Email: Motorsport@StoneRidgeInsurance.ca