



SUPPLEMENTAL LIQUOR LIABILITY APPLICATION

General Information:

Name of Insured: _____

Mailing Address: _____

Risk Address: _____

Coverage Information:

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

Has Insurance ever been cancelled? Yes No If "Yes", please provide details: _____

Desired Coverage:

Desired Limit of Liability: _____ Deductible: _____

Effective Date: _____ Expiry Date: _____

General Operating Information:

1. Does the applicant hold a Liquor Service License? Yes No If Yes:

a) Do all Liquor Service Staff meet the minimum age requirement to serve alcoholic beverages in the province where they will be serving? Yes No

b) Are all Liquor Service Staff Certified by one of the provincially-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

If Yes, is it prominently posted in view of patrons? Yes No

f) Do you have WRITTEN Liquor Consumption Rules and Regulations? Yes No

If Yes, are they prominently posted in view of patrons? Yes No

Please attach a copy of the Liquor Service & Consumption Regulations to which your organization adheres

g) Are Employees given the clear authority and duty to enforce these rules Without Exception? Yes No

h) Do the Liquor Service/Consumption Rules include procedures to:

- Deny entry to patrons who appear impaired or are under-age? Yes No
- Handle a new arrival already impaired? Yes No
- Handle abusive or disruptive persons? Yes No
- Handle violent or fighting patrons? Yes No
- Handle patrons wishing to leave alone or drive? Yes No

2. Are all staff aware of their Legal Obligations to:

- Not supply liquor which causes intoxication or encourage intoxication? Yes No
- Monitor, supervise and 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
- "Care For" Intoxicated Patrons? Yes No

3. Are any of the following anti-impairment programs in place?:

- Designated Driver Program Yes No
- Free Taxis Yes No
- Overnight Accommodation Yes No

Other: _____

If Yes, how are patrons made aware of these services? _____

4. Are all staff required to file Written Incident Reports? **(If Yes, please provide a sample)** Yes No

5. Do you prohibit the consumption of privately supplied alcohol?

6. 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:

7. Do you hold any activities/promotions that encourage drinking (e.g. Happy Hour, Ladies Night)? Yes No

If Yes, provide details: _____

8. Do you prevent patrons who appear intoxicated from taking part in any activities which could cause harm?

Yes No

9. Please list previous year gross receipts from:

Food: _____ Alcoholic Beverages: _____

Parking/Admission: _____ Other: _____

10. Number of staff who serve alcohol: _____
11. Do you employ Door Control/Bouncers? Yes No If Yes, are they Bondable? Yes No
12. Do you employ other security? Yes No If Yes, describe: _____
13. Describe training for Door Control/Bouncer Personnel/Other Security: _____
- _____
- _____
14. Have you ever had your liquor license suspended or cancelled or been cited for violations by your provincial authority? Yes No If Yes, provide details: _____
- _____

Please attach the following information to this application:

- a. Your Liquor Service Policy Statement
- b. Liquor Service Rules and Regulations
- c. Your Staff/Employee Procedures and Authorities Statement(s) and Training Materials
- d. Your Incident Report Form
- e. Any Event/Sponsor Agreements (if applicable)

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: _____