



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: \_\_\_\_\_