



LIQUOR LIABILITY APPLICATION

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. 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 Following 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 Any of the Following Anti-Impairment Programs in Place:

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?: _____

*k) Are All Staff Required to File Written Incident Reports (If "Yes", provide a Sample) Yes No

*l) Do You Prohibit the Consumption of Privately Supplied Alcoholic Purchases? Yes No

m) 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?

n) 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? _____

o) Do You Hold Any Activities That Encourage Drinking (e.g. Happy Hour, Ladies Night) Yes No

If "Yes", Provide Details: _____

*p) Do You Prevent Patrons Who Appear Intoxicated from Taking Part in Any Activities Which Could Cause Harm?
 Yes No

8. Previous year gross receipts from:

Food: _____ Parking: _____

Beer/Liquor: _____

Other (Describe): _____

9. Number of Staff Who Serve Alcohol: _____

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

If "Yes", are All Door Control/Bouncers Bondable? Yes No

Please Describe Training for Door Control/Bouncer Personnel: _____

11. 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 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)

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's Signature: _____

Date: _____