



SPECIAL RISK INSURANCE MANAGERS

#103-8411-200TH STREET, LANGLEY, BC V2Y 0E7
TELEPHONE: (604)888-0050 FAX: (604)888-1008

Host Liquor Application

GENERAL

- Business Name: _____
Principal(s): _____
Principal (s) Contact _____ Tel: _____ Email: _____
- Risk Address: _____
Number of locations _____ Mailing Address _____
Website Address _____
- Insured is Owner Tenant Landlord's Name _____ Franchised YES NO
- Number of years at this location _____ Prior operating experience/number of years at other locations _____
If at other locations, name and address of locations to enable an experience credit to be applied _____
- Applicant is Pub/sports bar Restaurant Night Club Adult Entertainment Hotel/Motel Fast Food Casual Dining
 Fine Dine Buffet Other _____
If checked "Private Club" or "other", please provide a list of activities and attach to application (Check all that are applicable)
- Current Insurer: _____ Expiry date: _____
Policy # _____ Expiring premium _____ Target premium _____
- Is renewal being offered? YES NO
If no, explain _____
- Previous Losses: YES NO (5 years: please attach full details, date, reserve, cause, class, open/closed, etc)
Liability: _____
Other: _____
- Does the insured engage in rental of location for special functions (ie. Weddings, banquets, etc)? YES NO

PROPERTY

- Building Construction: Fire Resistive _____ % Non-comubustible _____ % Masonry _____ % Frame _____ %
Others _____ % if others, please describe _____
- Roof Construction _____ Concrete _____ Steel _____ Wood _____ Floor Construction _____
- Heating Type _____ Electrical Type: _____ Fuses _____ Circuit Breakers _____
- Year Updated: Full or partial _____ Roof _____ Heating _____ Electrical _____ Plumbing _____
- Year building built _____ Total number of stories in building: _____
- Premises Sprinklered: YES NO Sprinklered % _____
- Is there an alarm system connected for fire detection? YES NO
- Is the kitchen equipped with deep fat fryer grill (hot plate)
Is there a CO2 system in the kitchen YES NO Wet or dry system? _____
Is there a 6 month maintenance contract in effect? YES NO
CO2 Maintenance Company _____
- Alarm System Local Monitored Make of alarm _____
- Safe make _____ Safe class _____ Safe dimensions _____
Frequency of bank deposits _____ Deposited by whom _____

LIABILITY

20. License Capacity Pub/sports Bar _____ Restaurant _____ Private Club _____ Hotel/Motel _____
Night Club _____ Adult Entertainment _____ Roof top patio, ground level, other _____
Other _____

21. Gross Receipts Liquor \$ _____ Food \$ _____ VLT's \$ _____
Cover Charges \$ _____ Liquor Store Sales \$ _____ Others \$ _____

22. Hours of Operation from _____ to _____ # of Days Open _____

23. Security Personnel/ Bouncers In house _____ Sub- Contracted _____ # of Security Personnel _____
Are they licensed: YES NO if no, please explain: _____

24. What is the search protocol for patrons entering the premises? _____
Is the I.D. checked on all patrons that could potentially be underage? YES NO

25. How are patrons evicted from premises? _____
Under what circumstances are police called? _____
Do you maintain an incident log? YES NO

26. If a customer becomes intoxicated, how are they handled? _____
Is service of alcohol stopped? YES NO Will staff contact a taxi? YES NO

27. Square footage of Dance floor _____ Types of music _____

28. Who is responsible for building maintenance and snow removal _____

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

_____ Applicant (Print Name) _____ TITLE

_____ Date (DD/MM/YYYY) _____ SIGNATURE