

Liquor Liability Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____	to _____
(effective date)	(expiry date)

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____

2.3

Name Appearing on the Liquor License: _____

2.4

Liquor Licence Number:	Class of Licence:
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2.5

Opening and closing hours of event(s) (for each event):	_____
Opening and closing hours of alcoholic beverage sales:	_____
(for each event, must contain a minimum 1/2 hour buffer)	
Type of alcohol beverages sold:	_____
What proof?	

2.6

Has applicant's alcohol beverage licence ever been revoked or suspended?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:	_____ _____			

2.7

Has applicant incurred claims for liquor liability during the last three years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:	_____ _____			

2.8

Has applicant ever been fined by Alcoholic Beverage Control or other governmental regulator?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:	_____ _____			

2.9

Event	Alcoholic Beverage Sales	Food Sales
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

2.10

Are patrons allowed to carry alcoholic beverages onto the premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what type:				
Do you maintain security personnel at event entry check points?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what type:				
Do they exercise the right of search-and-seizure of contraband items?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how do they notify the public of this?				
Is security a hired third party that carries their own liability coverage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, does the third party have forcible ejection coverage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.11

Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If site is completely enclosed, are minors allowed to enter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.12

Are the servers professional (two years bartending experience or more)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are the servers non-professional (no bartending experience)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please explain:				

Do the servers receive any type of alcohol awareness training?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please explain:				

2.13

At what location(s) are I.D.s checked?	_____			
Are rules and regulations clearly displayed for patrons' viewing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please explain:				

2.14

<input type="checkbox"/> Cup _____ mL	<input type="checkbox"/> Pitcher	<input type="checkbox"/> Other: _____		
Is there a limit placed on the quantity of alcoholic beverages purchased at one time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please Explain: _____				

Is there any type of designated driver program in effect?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please explain: _____				

Is there any other underlying Liquor Liability coverage being provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please explain: _____				

Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 6: Additional Information

Additional Information: