

LIQUOR LIABILITY QUESTIONNAIRE

Name of Applicant/Insured	Policy Number
Address of Location to be Covered	

<p>1. (a) Describe operations, listing all the activities the premises are used for (attach a separate sheet if more space is required):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(b) Are special occasion permits allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p>
<p>2. Describe any entertainment you have and will provide:</p> <p>_____</p> <p>_____</p>
<p>3. What are your gross annual receipts for:</p> <p>a) Sale of liquor: \$ _____</p> <p>b) Sale of food: \$ _____</p> <p>c) Rental of premises: \$ _____</p> <p>d) Other functions: \$ _____</p>
<p>4. (a) What are your hours of operation? _____</p> <p>b) Do you have a "Happy Hour"? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p>
<p>5. Do you lease or loan your premises to others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(a) Describe type of functions: _____</p> <p>_____</p> <p>(b) Do you provide the service of any of your staff for these functions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Attach copy of contract form used for rental of your premises by others.</p>
<p>6. Do you manage operations yourself? If not, how long has present manager held this position?</p> <p>_____</p>

7. Provide a copy of written hiring procedures, if available; if not, what hiring standards/criteria have been established relative to previous experience, background and qualifications when hiring:

- (a) Manager
- (b) Bartenders
- (c) Waiters/waitresses
- (d) Bouncers
- (e) Security guards

Describe each in detail _____

8. Have employees been trained to deal with intoxicated patrons; e.g. SIPS course? Yes No

9. Describe how your staff have been instructed to handle the following situations:

(a) A patron arrives at your premises, obviously impaired

(b) A patron appears to have consumed his/her limit of alcohol

(c) A patron becomes disruptive and/or abusive

(d) A fight breaks out amongst the patrons

(e) A patron who is obviously impaired leaves your premises alone

(f) A group of patrons who are all obviously impaired leave your premises

10. Do your staff have written instructions on how to handle the aforementioned situations? Yes No

If yes, please attach a copy of instructions.

11. How frequently and in what way are these procedures reviewed with staff?

12. Do you have a designated driver program? Yes No

If yes, please explain. _____

13. Do you ask for identification from young patrons to confirm age? Yes No

14. (a) Do you provide a taxi service for your patrons? Yes No

(b) How are patrons made aware of this service?

(c) What instructions are provided to your staff regarding this service?

(d) Do your staff drive patrons home? Yes No

15. Are there guidelines established for housekeeping and maintenance of the premises while establishment is open and/or closed for business? Yes No

If yes, please explain.

16. Describe all infractions, cancellations or fines relating to serving liquor:

Attach copies of all liquor licences. Coverage will not be given without this information.

I declare that to the best of my knowledge, all the information on this questionnaire is true and that these statements are the declarations upon which insurance coverage is provided.

Signing this form does not bind the applicant or the Insurer to complete the insurance.

Date

Signature of an Executive Officer of the Named Insured
if a corporation, or owner or partner if otherwise

Broker

Title