

LIQUOR LIABILITY QUESTIONNAIRE for Small Business Solutions



Agent/Broker	Policy Number
Name of Applicant	
Address of Location to be Covered	
1. a) Describe operations, listing all the activities the premises are used for:	
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
b) Are special occasion permits allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	
<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	
2. Describe any entertainment you have and will provide:	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
3. What are your gross annual receipts for:	
a) Sale of Liquor \$ _____	c) Rental of premises \$ _____
b) Sale of Food \$ _____	d) Other functions \$ _____
4. a) Do you lease or loan your premises to others <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Describe type of functions:	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
c) Do you provide the service of any of your staff for these functions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Please attach a copy of the contract form used for the rental of your premises by others.	

5. a) Do you manage operations yourself? Yes No
If not, how long has present manager held this position? _____

6. What hiring standards/criteria have been established relative to previous experience, background and qualifications when hiring:
a) Manager _____
b) Bartenders _____
c) Waiters/Waitresses _____
d) Security Guards _____

7. a) Have employees been trained to deal with intoxicated patrons; eg. SIPS course? Yes No
b) How frequently and in what way are the SIPS/Smart serve procedures reviewed with staff?

8. 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:

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

THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE IN THE QUESTIONNAIRE AND THE INFORMATION CONTAINED IN DOCUMENTS SUBMITTED WITH IT ARE TRUE. SUBMISSION OF THIS DOCUMENT DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE QUESTIONNAIRE SHALL BE THE BASIS OF THE CONTRACT, SHOULD A POLICY BE ISSUED.

_____ Date

_____ Signature of Applicant