

LIQUOR LIABILITY QUESTIONNAIRE

Name of Applicant/Insured: _____

Policy Number: _____

Address of Location to be Covered: _____

1. (a) Describe operations, listing all activities the premises are used for (attach a separate sheet if more space is required): _____

(b) Are special occasion permits allowed? Yes No

Describe: _____

2. What are your gross annual receipts for:

(a) Sales of liquor in restaurant, lounge and/or beverage room: \$ _____

(b) Vendor sales: \$ _____

(c) Sales of food: \$ _____

(d) Rental of hotel/motel rooms: \$ _____

(e) Rental of premises for meetings, banquets, social functions, etc.: \$ _____

(f) Other functions: \$ _____

Describe (f) if applicable: _____

3. (a) What are your hours of operation? _____

(b) Do you have a "Happy Hour"? Yes No

If yes, describe: _____

4. Describe any entertainment you have and/or plan to provide: _____

5. Does the establishment have a dance floor? Yes No

6. Does the establishment have:

(a) Pool tables Yes No If yes, specify number: _____

(b) Shuffleboard tables Yes No If yes, specify number: _____

(c) Dartboards Yes No If yes, specify number: _____

(d) Video lottery terminals Yes No If yes, specify number: _____

(e) Video machines Yes No If yes, specify number: _____

7. Do you manage the operation yourself? Yes No

If not, how long has the present manager held this position: _____

8. Do you lease or loan your premises to others? Yes No

(a) Describe type of functions: _____

(b) Do you provide the service of any of your staff for these functions? Yes No

(c) Attach a copy of the contract form used for rental of your premises by others.

9. What is your annual payroll? _____

10. How many staff do you employ in the following positions?

(a) Manager _____ (d) Bouncers _____

(b) Bartenders _____ (e) Security Guards _____

(c) Waiter/Waitress _____ (f) Other _____

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 the above personnel. Describe each in detail: _____

11. If you employ bouncers and/or security personnel, do these employees have a history of involvement in violent confrontations? Yes No

Describe any known incidents: _____

12. Have employees been trained to deal with intoxicated patrons? Yes No

Name of course? _____

13. 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: _____

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

If yes, please attach a copy of instructions.

15. How frequently and in what way are these procedures reviewed with
(a) New staff? _____
(b) Existing staff? _____

16. (a) Are customers encouraged to use "designated drivers"? Yes No
(b) Do you have a "designated driver" program? Yes No
If yes, please explain: _____

17. (a) Do you provide a taxi service for your patrons? Yes No
If yes:
(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
If yes, whose automobile do they use? _____

18. (a) Do you ask for identification from young patrons to confirm age? Yes No
(b) Are your employees trained to recognize identification? Yes No

19. Have any fights broken out amongst patrons in the last year? Yes No
If yes, how many? _____

20. (a) Is the maximum occupancy posted? Yes No
(b) What is the maximum occupancy? _____
(c) Is the maximum occupancy enforced? Yes No

21. 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 describe: _____

22. Does the facility have a sufficient number of well-lit exits and a back-up lighting system? Yes No

23. Does the building have working smoke and fire alarms? Yes No

24. Does the building have a sprinkler system? Yes No

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

Attach copies of all liquor licenses. 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 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