

## 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