

**LIQUOR LICENSED PREMISES APPLICATION**

		Date:	
Insured:			
Principals:			
Risk Location / Address:			
Mailing Address same as above or:			
Loss Payable (Name & Address):			
Year in business at this location:		Previous experience:	
Occupancy of Insured:			
Type of work done:			
Annual Sales: Cdn: \$		USA: \$ N/A	Other: N/A
Age of building:		Sprinklered:	
Construction:	Walls:	Roof:	Floor:
Number of Stories:	Total square footage:	Square footage per floor:	
Area occupied by Insured:	Square feet:	Occupies basement:	Yes No
Heating:	Gas:	Oil:	Electric:
	Hot air:	Hot water:	Other:
When were the following updated?			
Electrical:	Plumbing:	Heating:	Roof: Oil tank age:
Other tenants (specify occupation):			
Exposure left:		Exposure right:	
Hydrants:	Proximity:	Fire Hall: Paid: Yes No	Proximity:
Is CO2 system operational in cooking area:		Yes:	No:

6 – month CO2 system maintenance contract in effect?	Yes:	No:	
Monitored burglar alarm?	Monitoring company:		
Alarm system connected for fire detection?	Yes:	No:	
Monitoring company:			
Metal bars on all windows and doors: N/A			
Glass: Type: N/A	Measurements: (linear footage):	N/A	
Current receipts:	Food: \$		
	Liquor: \$		
	Other: \$		
Number of employees:	Full time:	Part time:	
Hours of operation:	Days of operation:		
Total internal seating capacity:	Patio seating:		
Does the Insured have food delivery service?	Number of drivers:		
Have staff taken S.M.A.R.T. program or equivalent?			
Pool tables:	YES	NO	If YES, how many?
Dance floor / disk jockey:	YES	NO	
Rave:	YES	NO	
Rooms:	YES	NO	If YES, how many?
Bouncers:	YES	NO	If YES, how many?
Arcade Games:	YES	NO	If YES, how many?
Entertainment: (Describe in detail)			
Other additional hazards: (e.g., darts, weddings, banquets, meetings, rentals)			
Claims over past five years (Date / Amount / Details)			
Present Insurer:	Policy #		
<b>(Declaration Page must be attached.)</b>			
Expiring premium \$	Expiry Date:		
Renewal offered?	Renewal Premium?		

Reason renewal denied:
IN THE PAST 5 YEARS:
Has any insurer refused to renew or cancelled insurance?
Has any insured's liquor permit been revoked or suspended?

Servicing Brokerage:	
Broker phone number:	Servicing Broker Signature:
Dated:	_____
Broker: Trans Canada Insurance Marketing Inc.	Broker phone number 204-925-8276
	Broker Signature:
Dated:	_____
<b>(The addendum must also be completed.)</b>	

## LIQUOR LIABILITY ADDENDUM

Some of the questions below use the term "Bar" We define "Bar" as the part of your premises where liquor and food are available. "Establishment" is your entire facility. "Liquor" includes wine, beer and spirits.

1. Licensed as:

2. Swimming or wading pool:

a) Maximum depth	Water surface area	of each.
------------------	--------------------	----------

b) Lifeguard:

c) Protection from the public:	Enclosed:
--------------------------------	-----------

d) Admission – Gross Receipts: \$

e) Other Receipts: \$

f) Water from public or private

Waterworks	River	Spring	
Ponds	Natural Lake	Artificial	

3. Elevators

If yes, how many:

Type: Hydraulic                      Cable

4. Indicate the type or area in which your establishment is located:

Downtown area	Suburban area	Rural area
---------------	---------------	------------

5. What percentage of your customers order a full meal with their drinks?

6. What is the designated person capacity of your bar?

7. How many cars can your parking lot hold?

8. How many stairs lead to ground level from your bar?

9. How many exits are made available to patrons?

10. Do you provide and post in a visible place, instructions to staff on how to handle:

- a. Impaired patrons who arrive at your establishment
- b. Patrons who have become visibly impaired at your establishment
- c. Patrons who fight
- d. Patrons who become disruptive and abusive
- e. Patrons who are obviously impaired who leave your premises alone

11. Is entry to the premises controlled?	If yes, by whom?
--	------------------

12. Who would be barred from entry?

13. Is ID Checked on ALL patrons who could be underage?

14. Is there always a manager or assistant manager on duty in addition to servers?

15. Is there a system in place for recording the number of drinks (or equivalent) which a patron has been served and the time the drinks were served?

If yes are these records kept for a period of at least one year?

16. Do servers attempt to determine whether a patron will be driving after leaving the premises?

17. Is the Designated Drivers Program in use in your establishment and promoted by servers?	
18. Do you have food and non-alcoholic beverages readily available at reasonable prices	
19. If patrons become intoxicated how are they handled?	
No action taken	
Alcohol service to patron is stopped and food or non alcoholic beverages offered	
Patron is asked to leave premises	
If unwilling to leave patron is forced to leave	
Other methods	
If yes, please explain:	
20. Approximately what percentage of your bar clients when leaving your establishment?	
a) Drive away in their own vehicle with others:	
b) Take public transit:	
c) Take a taxi:	
d) Walk:	
21. Is transportation arranged for intoxicated patrons who are leaving the premises?	
22. Is a taxi service available to your establishment?	
Will your staff call taxis for patrons?	
Is a taxi phone and number visible at main exit?	
Is public transit available to your establishment?	
23. Are police called to handle intoxicated patrons who resist mild force to eject them?	
24 - Hazardous liquids and gases: (explain use & safeguards)	
Propane or LPG	
Gasoline	
Fuel Oil	
Sales	
Service and Installation	
25. Are you willing to engage in other loss prevention action to be suggested by us?	
Date:	_____
	SIGNATURE OF INSURED