

LICENSED PREMISES APPLICATION

**PLEASE ANSWER ALL QUESTIONS
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

"Bar" is defined as the part of your premises where liquor and food are available. "Establishment" is your entire facility. "Liquor" includes wine and beer.

1. **Name of Applicant:** _____

2. **Mailing address:** _____

Website Address: _____

Location (if difference from above): _____

Description of Operations: _____

3. Do you have a valid L.C.B.O. Liquor License or Permit? Yes No

Has your liquor permit been suspended or revoked during the past 5 years? Yes No

If yes, please explain: _____

4. Do you have a separate area in your restaurant or establishment where people specifically go to drink liquor (even though food may be available)?

If yes, how many people is it designated for? _____

5. If your establishment is a motel/hotel/resort, please confirm the following:

a) Total number of rooms: _____

b) Number of stories of building:..... _____

c) Is cooking permitted in any rooms? Yes No

d) Are all rooms sprinklered?..... Yes No

e) Are there any recreational facilities (i.e. pool, saunas, waterslides, etc.)? Yes No

f) If pool or waterslides present, describe safety procedures.

g) Are lifeguards or attendants always present?..... Yes No

If no, please explain: _____

h) Are facilities properly secured to prevent unauthorized access when not open? Yes No

Describe: _____

Also, if a pool or waterslide, describe safety procedures

Are lifeguards or attendants always present? Yes No

Are facilities properly secured to prevent unauthorized access when not open? Yes No

Describe: _____

i) How many cars can your parking lot hold? _____

j) How many stairs lead to ground level from your "bar"? _____

k) How many exits are made available to patrons? _____

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

a) Impaired patrons who arrive at your establishment? Yes No

b) Patrons who have become visibly impaired at your establishment? Yes No

c) Patrons who fight?..... Yes No

d) Patrons who become disruptive and abusive?..... Yes No

e) Patrons who are obviously impaired who leave your premises alone? Yes No

7. What percentage of your liquor serving personnel have taken a server training course? _____

Are your new employees required by you to take a server training course?..... Yes No

If your employees have not taken a server training course, have you scheduled them to take it? ... Yes No

8. Do you rent out your premises to special functions? Yes No

If yes, please attach a copy of the contract form for rental of your premises by others.

Describe what type of functions: _____

Do you provide the service of any of your liquor serving staff for these functions? Yes No

If yes, percentage: _____ %

9. Recreational or entertainment facilities provided:

Comedy Yes No

Dance Floor..... Yes No

- Live band..... Yes No
- Exotic dancers..... Yes No
- Private rooms Yes No
- Darts Yes No
- Other (please specify) Yes No
10. Do you employ door control? Yes No
- Do you have a cover charge? Yes No
- Do you sponsor any sports teams? Yes No
- Do you employ security "bouncers"? Yes No
11. Is there always a manager or assistant manager on duty in addition to servers?..... Yes No
- If yes, describe: _____
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- Do you have a stand up bar? Yes No
- Do you have an outdoor patio? Yes No
- Do you sell beer in jugs?..... Yes No
- Do you sell low (i.e. 2.5% alcohol) products? Yes No
- Do you have a training program for staff?..... Yes No
12. 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? _____ %
13. Is a taxi service available to your establishment?..... Yes No
- Will your staff call taxi's for patrons?..... Yes No
- Is a taxi phone number and phone readily visible at the main exit? Yes No
- Is public transit available to your establishment?..... Yes No
14. Are you willing to engage in other loss prevention action to be suggested by us? Yes No

15. Does applicant presently carry insurance?

YES NO

If yes, who is present insurer? _____ Premium: _____ Limit _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, give details: _____

16. Non-Owned Automobile

Number of employees using their cars on company business: Regularly _____

Occasionally _____

Estimated annual cost of hired cars: \$ _____

Estimated annual cost of cars operated under contract: \$ _____

17. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____

Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: YES NO

18. Please indicate limit(s) of liability required: _____

NOTE OUR POLICY CONTAINS A FORCEFUL EJECTION SUB-LIMIT.

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKER NAME:	_____
ADDRESS:	_____ _____ _____
PHONE NO.:	_____
FAX NO.:	_____