



#103-8411-200TH STREET, LANGLEY, BC V2Y 0E7
 TELEPHONE: (604)888-0050 FAX: (604)888-1008

Host Liquor Application

GENERAL

1. Business Name: _____
 Principal(s): _____
 Principal (s) Contact Tel: _____ Email: _____

2. Risk Address: _____
 Number of locations _____ Mailing Address _____
 Website Address _____

3. Insured is Owner Tenant Landlord's Name _____ Franchised YES NO
4. Number of years at this location _____ Prior operating experience/number of years at other locations _____
 If at other locations, name and address of locations to enable an experience credit to be applied _____
5. Applicant is Pub/sports bar Restaurant Night Club Adult Entertainment Hotel/Motel Fast Food Casual Dining
 Fine Dine Buffet Other _____
 If checked "Private Club" or "other", please provide a list of activities and attach to application (Check all that are applicable)
6. Current Insurer: _____ Expiry date: _____
 Policy # _____ Expiring premium _____ Target premium _____
7. Is renewal being offered? YES NO
 If no, explain _____
8. Previous Losses: YES NO (5 years: please attach full details, date, reserve, cause, class, open/closed, etc)
 Liability: _____
 Other: _____
9. Does the insured engage in rental of location for special functions (ie. Weddings, banquets, etc)? YES NO

PROPERTY

10. Building Construction: Fire Resistive _____ % Non-comubustible _____ % Masonry _____ % Frame _____ %
 Others _____ % if others, please describe _____
11. Roof Construction _____ Concrete _____ Steel _____ Wood Floor Construction _____
12. Heating Type _____ Electrical Type: _____ Fuses _____ Circuit Breakers _____
13. Year Updated: Full or partial _____ Roof _____ Heating _____ Electrical _____ Plumbing _____
14. Year building built _____ Total number of stories in building: _____

15. Premises Sprinklered: YES NO Sprinklered % _____
16. Is there an alarm system connected for fire detection? YES NO
17. Is the kitchen equipped with deep fat fryer grill (hot plate)
 Is there a CO2 system in the kitchen YES NO Wet or dry system? _____
 Is there a 6 month maintenance contract in effect? YES NO
 CO2 Maintenance Company _____

18. Alarm System Local Monitored Make of alarm _____
19. Safe make _____ Safe class _____ Safe dimensions _____
 Frequency of bank deposits _____ Deposited by whom _____

LIABILITY

- 20. License Capacity Pub/sports Bar _____ Restaurant _____ Private Club _____ Hotel/Motel _____
Night Club _____ Adult Entertainment _____ Roof top patio, ground level, other _____
Other _____
- 21. Gross Receipts Liquor \$ _____ Food \$ _____ VLT's \$ _____
Cover Charges \$ _____ Liquor Store Sales \$ _____ Others \$ _____
- 22. Hours of Operation from _____ to _____ # of Days Open _____
- 23. Security Personnel/ Bouncers In house _____ Sub- Contracted _____ # of Security Personnel _____
Are they licensed: YES NO if no, please explain: _____
- 24. What is the search protocol for patrons entering the premises? _____
Is the I.D. checked on all patrons that could potentially be underage? YES NO
- 25. How are patrons evicted from premises? _____
Under what circumstances are police called? _____
Do you maintain an incident log? YES NO
- 26. If a customer becomes intoxicated, how are they handled? _____
Is service of alcohol stopped? YES NO Will staff contact a taxi? YES NO
- 27. Square footage of Dance floor _____ Types of music _____
- 28. Who is responsible for building maintenance and snow removal _____

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

_____ Applicant (Print Name) _____ TITLE

_____ Date (DD/MM/YYYY) _____ SIGNATURE