

# HOST LIQUOR APPLICATION

## GENERAL

- Business Name: \_\_\_\_\_  
Principal(s): \_\_\_\_\_  
Principal(s) Contact Tel: \_\_\_\_\_ Email: \_\_\_\_\_
- Risk Address: \_\_\_\_\_  
Number of locations: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Website Address: \_\_\_\_\_
- Insured is  Owner  Tenant  Landlord's Name: \_\_\_\_\_ Franchised  Yes  No
- Number of years at this location: \_\_\_\_\_ Prior operating experience/number of years at other location: \_\_\_\_\_  
If at other locations, name and address of locations to enable an experience credit to be applied: \_\_\_\_\_
- Applicant is:  Pub/Sports Bar  Restaurant  Night Club  Adult Entertainment  Hotel/Motel  Fast Food  
 Casual Dining  Fine Dining  Buffet  Other: \_\_\_\_\_  
If checked "Private Club" or "Other," please provide a list of activities and attach to application (check all that are applicable)
- Current Insurer: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
Policy # \_\_\_\_\_ Expiring premium: \_\_\_\_\_ Target Premium: \_\_\_\_\_
- Is renewal being offered?  Yes  No  
If no, please explain: \_\_\_\_\_
- Previous Losses:  Yes  No (5 years: please attach full details, date, reserve, cause, class, open/closed, etc.)  
Liability: \_\_\_\_\_  
Other: \_\_\_\_\_
- Does the insured engage in rental of location for special functions (ie. Weddings, banquets, etc.)?  Yes  No

## PROPERTY

- Building Construction  
Fire Resistive: \_\_\_\_\_ % Non-combustible: \_\_\_\_\_ % Masonry \_\_\_\_\_ %  
Frame: \_\_\_\_\_ % Others: \_\_\_\_\_ % If others, please describe \_\_\_\_\_
- Roof Construction  
Concrete: \_\_\_\_\_ Steel: \_\_\_\_\_ Wood: \_\_\_\_\_ Floor Construction: \_\_\_\_\_
- Heating Type: \_\_\_\_\_ Electrical Type: \_\_\_\_\_  
Fuses: \_\_\_\_\_ Circuit Breakers: \_\_\_\_\_
- Year Updated  
Full or Partial: \_\_\_\_\_ Roof: \_\_\_\_\_ Heating: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_
- Year building built: \_\_\_\_\_ Total number of stories in building: \_\_\_\_\_
- Premises Sprinklered  Yes  No Sprinklered % \_\_\_\_\_
- 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: \_\_\_\_\_  
Nightclub: \_\_\_\_\_ Adult Entertainment: \_\_\_\_\_ Roof top patio, ground level, other: \_\_\_\_\_  
Other: \_\_\_\_\_

21. Gross Receipts  
Liquor \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ VLT's \$ \_\_\_\_\_  
Cover Charges \$ \_\_\_\_\_ Liquor Store Sales \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

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 the 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 the 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: \_\_\_\_\_