SPECIAL RISK
INSURANCE MANAGERS

Please send completed application to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

HOST LIQUOR SUPPLEMENT TO SPECIAL EVENT LIABILITY

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds: _____
2. Type of Host Liquor function: _____
3. Name and Address of Pemit Holder (Insured): _____
4. Liquor License Board Permit No. and Capacity applied for(# of patrons): _____
5. From - Date: _____ Time: _____ ☐ A.M. ☐ P.M.

   To - Date: _____ Time: _____ ☐ A.M. ☐ P.M.
6. Number of people at Host Liquor function: _____
7. Location of Host Liquor function: _____
8. Estimated liquor sales: _____
9. Limit of Host Liquor Liability (Check One): ☐ 1Million ☐ 2 Million
10. Who is designated to handle the following:

    A) Impaired patrons who arrive at your function _____

    B) Patrons who have become visibly impaired at your function _____

    C) Patrons who fight _____

    D) Patrons who become disruptive and abusive _____

    E) Patrons who are obviously impaired who leave your function (Alone) _____
11. If third party is responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured

****PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING SERVED AT YOUR EVENT.****