



LICENSED PREMISES APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

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 and beer.

1. **Name of Applicant:** _____

2. **Mailing Address:** _____

_____ Website Address: _____

Location (if different 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)? Yes No

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) Are facilities properly secured to prevent unauthorized access at all times? Yes No

Describe: _____

Also, if a pool or waterslide, describe safety procedures:

Are lifeguards or attendants always present? Yes No

If No, please explain: _____

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

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

i) 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: _____ %

Describe what type of functions: _____

9. Recreational or entertainment facilities provided:

- | | | | | |
|------------------------------|--------------------------|-----|--------------------------|----|
| Comedy | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Dance Floor | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Live Band | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Exotic dancer | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Private rooms | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Darts | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other (please specify) _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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: _____

-
- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| Do you have a stand up bar? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you have an outdoor patio? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you sell beer in jugs? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you sell low (i.e. 2.5% alcohol) products? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you have a training program for staff? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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 taxis 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 the 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 explain: _____

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 _____ 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.

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.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**