



1. GENERAL INFORMATION

Name of Applicant			
Address of Applicant		Postal Code:	

1. LIQUOR LIABILITY INFORMATION

Does the applicant hold a Liquor Service License? Yes No

Do all liquor service staff meet the minimum age requirement to serve alcoholic beverages in the province where they will be serving?
Yes No

Are all liquor service staff certified by one of the provincially-approved programs:

- "Smart Serve"
- "Serving It Right"
- "It's Good Business"

Who is Certified?

- General Manager
- Bar Manager/Supervisor
- Bartenders
- Servers
- Other Staff (Specify):

Do you check ID for all patrons who appear to be under the age of 25 years? Yes No

Do you have a WRITTEN Liquor Service Policy Statement? Yes No
If 'Yes', is it prominently posted in view of patrons? Yes No

Do you have WRITTEN Liquor Consumption Rules and Regulations? Yes No
If 'Yes', are they prominently posted in view of patrons? Yes No
Please attach a copy of the Liquor Service & Consumption Regulations to which your organization adheres.

Are employees given the clear authority and duty to enforce these rules without exception? Yes No

Do the Liquor Service/Consumption Rules include procedures to:

Deny entry to patrons who appear impaired or are under-age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Handle a new arrival already impaired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Handle abusive or disruptive persons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Handle violent or fighting patrons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Handle patrons wishing to leave alone or drive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are all staff aware of their legal obligations to:

Not supply liquor which causes intoxication or encourage intoxication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Monitor, supervise and control patrons' consumption of alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recognize and notice intoxication in patrons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cease to serve intoxicated patrons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Take appropriate steps to prevent intoxicated patrons from leaving the premises unaccompanied and/or driving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
"Care for" intoxicated patrons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are any of the following anti-impairment programs in place?:

Designated Driver Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Free Taxis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overnight Accommodation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (specify):	<input style="width: 600px;" type="text"/>	

If 'Yes', how are patrons made aware of these services?

Are all staff required to file written incident reports? (If 'Yes', please provide attach a sample)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you prohibit the consumption of privately supplied alcohol?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there more than one room or area where patrons are served alcohol?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', describe all liquor-serving facilities, and explain how you handle the "transfer of control" from the staff of the various areas:			
Do you hold any activities/promotions that encourage drinking (e.g. Happy Hour, Ladies Night)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', provide details:			
Do you prevent patrons who appear intoxicated from taking part in any activities which could cause harm?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Please list previous year gross receipts from:			
Food:		%	Alcoholic Beverages:
Parking/Admission:		%	Other:
Alcoholic Beverages:		%	Other:
Other:		%	Other:
Number of staff who serve alcohol:			
Do you employ door control/bouncers?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', are they bondable?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you employ other security?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', describe:			
Describe training for door control/bouncer personnel/other security:			
Have you ever had your liquor license suspended or cancelled or been cited for violations by your provincial authority?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If 'Yes', provide details:			

To Be Completed by Applicant

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

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

Date

Signature of Officer

Title :