



## LIQUOR LICENSED PREMISES APPLICATION

Insured: \_\_\_\_\_

Principals: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Risk Location: same as above, or: \_\_\_\_\_

Loss Payable (Name & Address): \_\_\_\_\_

Years in Business at this Location: \_\_\_\_\_

Years of Previous Experience in licensed establishments: \_\_\_\_\_

Indicate type of establishment:

Bar  Sports Bar  Roadhouse  Pub  Social Club  Tavern   
Lounge  Private Club  Nightclub  Dance Club  Legion  Concert Hall   
Banquet Hall  Adult Entertainment  Other

If other describe type of business: \_\_\_\_\_

Is Business Seasonal? Yes  No

Indicate when business is operational: \_\_\_\_\_

Age of Building: \_\_\_\_\_ Sprinklered? Yes  No  \_\_\_\_\_ % of Building Sprinklered

Non-Standard Fire Resistive  Masonary  Frame

Construction: Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floor: \_\_\_\_\_

Number of Storeys: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_ Square Footage Per Floor: \_\_\_\_\_

Area Occupied by Insured: \_\_\_\_\_ Square Feet: \_\_\_\_\_ Occupies Basement? Yes  No

Heating: Type: \_\_\_\_\_ Updated: \_\_\_\_\_ (If oil, oil tank age: \_\_\_\_\_)

Electrical: Type: \_\_\_\_\_ Updated: \_\_\_\_\_

Plumbing: Type: \_\_\_\_\_ Updated: \_\_\_\_\_

Roof: Type: \_\_\_\_\_ Updated: \_\_\_\_\_

Other Tenants: \_\_\_\_\_

Exposure Left: \_\_\_\_\_ Exposure Right: \_\_\_\_\_

Hydrants: \_\_\_\_\_ Proximity: \_\_\_\_\_ ft. Fire Hall: \_\_\_\_\_ Proximity: \_\_\_\_\_ km Paid? Yes  No



Fire suppression system in the cooking area? Yes  No  If yes: Dry  Wet

With a 6-Month Maintenance Contract in effect? Yes  No  Date of last inspection: \_\_\_\_\_

Monitored Burglar Alarm \_\_\_\_\_ Monitoring Company: \_\_\_\_\_

Sensors: Door Contacts: Yes  No  Motion Detectors: Yes  No

Alarm System connected for fire detection? Yes  No  Monitoring Company: \_\_\_\_\_

Metal Bars on all windows and doors? Yes  No

Surveillance Cameras? Yes  No

Glass: Type: \_\_\_\_\_ Measurements (Linear Footage): \_\_\_\_\_

Annual Total Gross Receipts: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_ Cover Charge: \$ \_\_\_\_\_

Liquor: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ Describe in detail: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_

Licensed Seating Capacity: Internal: \_\_\_\_\_ Patio: \_\_\_\_\_

Does location have an age identification system? Yes  No

If yes describe type of system: \_\_\_\_\_

Pool Tables: Yes  No  #: \_\_\_\_\_

Dance Floor Yes  No  #: \_\_\_\_\_ Total Area: \_\_\_\_\_ sq. ft.

Disc Jockey: Yes  No

Security/Door Control: Yes  No  How many? \_\_\_\_\_

Are Security/Door Control employees of insured? Yes  No

If no is Security Company bonded and insured? Yes  No

If yes is insurance with a licensed Canadian insurance company? Yes  No

Arcade Games: Yes  No  #: \_\_\_\_\_



Mechanical Amusement Devices Yes  No  Describe: \_\_\_\_\_

Entertainment: Yes  No  If yes describe in detail: \_\_\_\_\_

Darts: Yes  No  Mechanical Rides: Yes  No  VLT: Yes  No

Punching Bags: Yes  No  Video Games: Yes  No

Other Games: Yes  No

If yes to any of above describe in detail: \_\_\_\_\_  
\_\_\_\_\_

Do you rent / lease / allow the location to be used for special functions (i.e. weddings, banquets, stags, etc.) Yes  No

If yes describe in detail: \_\_\_\_\_  
\_\_\_\_\_

Do you have Raves or any all age events? Yes  No

If yes describe in detail and indicate frequency: \_\_\_\_\_

Off Site Activities: Yes  No

If yes describe in detail: \_\_\_\_\_  
\_\_\_\_\_

Has the risk location's liquor permit ever been revoked or suspended? Yes  No

If yes, explain including date (s), reasons, if any conditions were put license: \_\_\_\_\_  
\_\_\_\_\_

Are there any notices of violations, inspection reports or outstanding incidents that may result in a notice of proposal, charges or the like: Yes  No

If yes, explain including date (s), violations: \_\_\_\_\_

Has the risk location ever been charged with any offences? Yes  No

If yes, explain including date (s), charge (s) and disposition: \_\_\_\_\_

Does the insured offer **Food Delivery Service**? Yes  No

Has the staff taken the **S.M.A.R.T. Program** or equivalent? Yes  No

Are there **set procedures** for handling intoxicated patrons? Yes  No

Describe:  
\_\_\_\_\_  
\_\_\_\_\_



Are these **procedures** posted for staff members? Yes  No

Is an **Occurrence/ Incident Log** kept of all incidents? Yes  No

How long is the **Occurrence Log** been kept? \_\_\_\_\_ Yrs.

Are **all washrooms** inspected on a regular basis during business hours? Yes  No

If yes describe procedure: \_\_\_\_\_

Is there a **Plastic Cup Rule** in effect? Yes  No

Is there always an owner or manager on duty during business hours? Yes  No

Is a **contractor** hired to perform snow removal and salting operations? Yes  No

If a **contractor** has been hired, has a Certificate of Insurance been requested? Yes  No

Other Additional Hazards:

\_\_\_\_\_

Present Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

**(Attach Declaration Page)** Expiring Prem. \$ \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Renewal Offered? Yes  No  Renewal Premium: \$ \_\_\_\_\_

Has any insurer refused to renew or cancelled insurance? Yes  No

Details:

\_\_\_\_\_

5 Year Claim History: (if you require more space than provided, please attach a separate sheet listing all other claims)

Date: \_\_\_\_\_ Detail: \_\_\_\_\_ Paid/Reserved: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Detail: \_\_\_\_\_ Paid/Reserved: \$ \_\_\_\_\_

**Coverages:** Fire & Extended Coverage  Broad Form  Deductible: \$ \_\_\_\_\_

Limits Requested:

Building	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$ _____
Equipment	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$ _____
Stock	<input type="checkbox"/> A.C.V.	\$ _____
Office Contents	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$ _____



**ANGUS-MILLER LTD.**  
**INSURANCE**

E.D.P.	\$
Rental Income/Value	\$
Gross Earnings:                    Co:                    %	\$
Business Interruption/Profits: Co                    %	\$
Extra Expense	\$
Sign	\$
Accounts Receivable	\$
Valuable papers	\$
Cargo/Transit	\$
Holdup	\$
Broad Form Money	\$
Liability	\$ 1 Million <input type="checkbox"/> \$ 2 Million <input type="checkbox"/>
Non Owned Auto	\$
Tenants Legal Liability	\$
Glass	\$
Boiler Insurance	\$

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Brokerage: \_\_\_\_\_ Broker Phone Number: \_\_\_\_\_

Dated: \_\_\_\_\_ Broker Signature: \_\_\_\_\_