



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: _____