

SECTION 1: BROKER DETAILS

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Website: _____

General email: _____ Contact E-mail: _____

Contact Name: _____

SECTION 2: RISK DETAILS

2.1 Effective Dates

Policy period required from (effective date): _____ to (expiry date): _____

2.2 Mailing information

Name of Insured as it is to appear on policy: _____

Name of Organization (if different): _____

Mailing Address: _____

2.3 Name Appearing on the Liquor License: _____

2.4 Liquor Licence Number: _____ Class of Licence: _____

2.5 Opening and closing hours of event(s) (for each event): _____

Opening and closing hours of alcoholic beverage sales: _____

(for each event, must contain a minimum 1/2 hour buffer)

Type of alcohol beverages sold: _____

What proof? _____

2.6 Has applicant's alcohol beverage licence ever been revoked or suspended? ☐ Yes ☐ No

If yes, please explain: _____

2.7 Has applicant incurred claims for liquor liability during the last three years? ☐ Yes ☐ No

If yes, please explain: _____

2.8 Has applicant ever been fined by Alcoholic Beverage Control or other governmental regulator? ☐ Yes ☐ No

If yes, please explain: _____

| | | | |
|-----|--------------|-----------------------------------|---------------------|
| 2.9 | Event: _____ | Alcoholic Beverage Sales \$ _____ | Food Sales \$ _____ |
| | Event: _____ | Alcoholic Beverage Sales \$ _____ | Food Sales \$ _____ |
| | Event: _____ | Alcoholic Beverage Sales \$ _____ | Food Sales \$ _____ |
| | Event: _____ | Alcoholic Beverage Sales \$ _____ | Food Sales \$ _____ |
| | Event: _____ | Alcoholic Beverage Sales \$ _____ | Food Sales \$ _____ |

2.10 Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No

If yes, what type: _____

Do you maintain security personnel at event entry check points? ☐ Yes ☐ No

If yes, what type: _____

Do they exercise the right of search-and-seizure of contraband items? ☐ Yes ☐ No

If yes, how do they notify the public of this? _____

Is security a hired third party that carries their own liability coverage? ☐ Yes ☐ No

If yes, does the third party have forcible ejection coverage? ☐ Yes ☐ No

2.11 Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? ☐ Yes ☐ No

If site is completely enclosed, are minors allowed to enter? ☐ Yes ☐ No

2.12 Are the servers professional (two years bartending experience or more)? ☐ Yes ☐ No

Are the servers non-professional (no bartending experience)? ☐ Yes ☐ No

Please explain: _____

Do the servers receive any type of alcohol awareness training? ☐ Yes ☐ No

Please explain: _____

2.13 At what location(s) are I.D.s checked? _____

Are rules and regulations clearly displayed for patrons' viewing? ☐ Yes ☐ No

Please explain: _____

2.14 ☐ Cup _____ mL ☐ Pitcher ☐ Other: _____

Is there a limit placed on the quantity of alcoholic beverages purchased at one time? ☐ Yes ☐ No

Please explain: _____

Is there any type of designated driver program in effect? ☐ Yes ☐ No

Please explain: _____

Is there any other underlying Liquor Liability coverage being provided? ☐ Yes ☐ No

Please explain: _____

SECTION 3: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed:_____ Full Name:_____

Position Held:_____ Date:_____

SECTION 4: ADDITIONAL INFORMATION

[illegible]