

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: _____

Occupancy of Insured: _____

Age of Building: _____ Sprinklered? Yes No _____%

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

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): _____

Date: _____

Annual Gross Receipts: \$ _____
 Food: \$ _____ Cover Charge: \$ _____
 Liquor: \$ _____ Other: \$ _____
 Number of Employees: _____ Full Time: _____ Part Time: _____
 Hours of Operation: _____ Days of Operation: _____
 Licensed Seating Capacity: Internal: _____ Patio: _____

Pool Tables: Yes No # _____
 Dance Floor: Yes No # _____ Total Area: _____ sq. ft.
 Disc Jockey: Yes No
 Rave/All Age Events: Yes No Frequency: _____
 Room Rentals: Yes No # _____
 Bouncers: Yes No Male # _____ Female # _____
 Arcade Games: Yes No # _____
 Mechanical Amusement Devices: Yes No Describe: _____

Describe the following in detail:

Entertainment: _____
 Sporting Activities: _____
 Off Site Activities: _____

Has the insured's liquor permit been revoked or suspended? Yes No

Details: _____

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
 Are these **procedures** posted for staff members? Yes No
 Is an **Occurrence Log** kept of all incidents? Yes No
 How long has the **Occurrence Log** been kept? _____ Yrs.
 Are **all washrooms** inspected on a regular basis during business hours? Yes No
 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 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: \$ _____

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.	\$	
E.D.P.		\$	
Rental Income/Value		\$	
Gross Earnings:	Co. %	\$	
Profits:	Co. 100%	\$	
Extra Expense		\$	
Sign		\$	
Accounts Receivable		\$	
Valuable Papers		\$	
Cargo/Transit		\$	
Holdup		\$	
Broad Form Money		\$	
Liability		\$	
Non Owned Auto		\$	
Tenants Legal Liability		\$	
Glass		\$	
Boiler Insurance		\$	

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Brokerage: _____ Broker Phone Number: _____

Dated: _____ Broker Signature: _____