

Signature Live! Liquor Supplemental Application Form

General Information

Name of Insured: _____

Mailing Address: _____

Contact: _____

Website: _____

1. Date of Coverage: _____ Requested Limit of Liability: \$ _____

2. Current Insurance Company: _____ Deductible: \$ _____

3. Have there been any Claims or Losses in the last 5 years? (if Yes, include Loss Run) Yes No4. Has any form of insurance ever been cancelled or declined? (if Yes, provide details) Yes No

Event Operations Information

1. Does the Applicant hold a Liquor Service License?: Yes No2. Are all Liquor Service Staff Certified by the province they work in? Yes No3. Are Liquor Service Staff required to check I.D. for any patron appearing to be under the age of 25? Yes No4. Do you have a Liquor Service Policy? (If Yes, please provide a copy) Yes No5. Is the Liquor Service Policy posted so that it can be viewed by all guests? Yes No6. Is there a Manager or Assistant Manager on staff at all times Liquor is being served? Yes No7. Do Servers attempt to determine if patrons will be driving? Yes No8. Is a Designated Driver Program in place and promoted by all Servers? Yes No9. Will Taxi service be available? Yes No10. Has the Applicant every been cited for any Liquor Violations? Yes No11. Does the Applicant employ Bouncers or Security? Yes No12. Do all Event Sponsors sign written contracts including Indemnity & Waiver Clauses Yes No

Declarations

I/We declare that:

1. The information in this application is true and correct and I/we have not withheld any relevant information.
2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
3. All Submitted Application Forms become part of the Insurance Policy and is the basis of Coverage provided.
4. If any of the questions have been answered fraudulently or with the intent to conceal or misrepresent any material fact or circumstance concerning this Application for insurance, the entire Policy shall be void.

Signature of Applicant: _____ Date: _____