



CARRIER:

United States Liability Insurance Company

Bar/Restaurant Product Application

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW. INSTANT QUOTE IS ONLY AVAILABLE FOR ACCOUNTS WITH NO LOSSES IN THE PAST FIVE YEARS.

Coverage(s) Desired: Property General liability Liquor liability

I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): _____

Location address: _____ Same as mailing address

City: _____ Province/Territory: _____ Postal Code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ Phone: _____ E-mail address: _____

Audit contact name: _____ Phone: _____ E-mail address: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Description of Operations:

- How many locations are to be insured? _____ (complete one application per location)
- What year did business start at this location under the current ownership and management? _____
- How years of experience does the current ownership have in owning or managing this type of operation? _____
- Have there been any losses/claims, liquor citations, violations, charges or enforcement actions at this location in the past five years? Yes No
If "Yes," please complete Section III

General Liability

Limit: \$1 million/\$2 million \$2 million/\$2 million \$2 million/\$5 million
 \$3 million/\$3 million \$4 million/\$4 million \$5 million/\$5 million

- Add hired and non-owned auto liability? Yes No
 - Are employees or volunteers required to use their personal automobile to conduct the applicant's business on a regular basis? Yes No
 - Are vehicles used to transport people or deliver goods or products on a regular basis? Yes No
 - Is there a commercial auto insurance policy in force? Yes No

Liquor Liability

Limit: \$50,000/\$100,000 \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$500,000
 \$500,000/\$1 million \$1million/\$1 million \$1 million/\$2 million

Annual Receipts:

Food Sales	Alcohol Sales On-Premises Consumption	Retail Alcohol Sales	Wholesale Alcohol Sales	Catering Sales	Other Receipts (Describe)
\$	\$	\$	\$	\$	\$

- Does the establishment feature any of the below entertainment? Yes No
If "Yes," check all the following that apply:

<input type="checkbox"/> Adult entertainment/Exotic dancing	Number of times per week _____ or per year _____
<input type="checkbox"/> Band (three or more members, excluding jazz bands)	Number of times per week _____ or per year _____
<input type="checkbox"/> Banquet entertainment by the organization or lessee	Number of times per week _____ or per year _____
<input type="checkbox"/> Dance club/hall	Number of times per week _____ or per year _____
<input type="checkbox"/> DJ with dancing	Number of times per week _____ or per year _____
- Is dancing permitted? Yes No
- Are there tables? Yes No
If "Yes," is there table service? Yes No

9. Is the establishment located within a food court with no responsibility for the seating area? Yes No
10. What is the latest time the establishment will close? _____ a.m. p.m. 24 hours
11. Are bouncers, security or door persons ever employed? Yes No
12. Does the establishment permit "BYOB" (bring your own bottle)? Yes No
13. Are there any mechanical bulls or riding devices on the premises? Yes No
14. Are there any gaming machines on the premises? Yes No
If "Yes," how many? _____
15. Is the applicant the building owner? Yes No
16. Is this establishment the sole occupancy of the building? Yes No
17. Does the establishment, as the building owner, lease any portion of the building to commercial tenants? N/A Yes No
If "Yes," what is the total square footage of commercial space? _____ sq. ft.
Describe the occupancy _____
18. Does the establishment, as the building owner, lease any apartments on the premises? N/A Yes No
a. If "Yes," what is the total number of apartment units? _____
b. What is the total square footage of apartment space? _____ sq. ft.
19. Are there grills, deep fat frying equipment, or woks on the premises? Yes No
a. If "Yes," what type of extinguishing system is functioning and operational? Dry Wet
b. If "Dry," is there a deep fat fryer on the premises? Yes No

Property Section

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Noncombustible <input type="checkbox"/> Fire resistive				
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central station <input type="checkbox"/> None
What year was the building constructed? _____		Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____				
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Metal <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				
What is the age of the roof? _____ years				
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.				
Building Limit: \$ _____		Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
Business Personal Property Limit: \$ _____		Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
Business Income Limit: \$ _____		Coinsurance _____ <u>or</u> Monthly Limit of Indemnity		
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		

Additional Property Coverages Requested (check all that apply)

<input type="checkbox"/> Earthquake	<input type="checkbox"/> Flood	<input type="checkbox"/> Equipment breakdown
<input type="checkbox"/> Interruption of computer operations	<input type="checkbox"/> Electronic data	
<input type="checkbox"/> Outdoor signs \$ _____	<input type="checkbox"/> Improvements and betterments \$ _____	<input type="checkbox"/> Valuable papers \$ _____
<input type="checkbox"/> Waiver of Transfer of Rights of Recovery Against Others to Us		<input type="checkbox"/> Canopy/Awning \$ _____
<input type="checkbox"/> Glass Height: _____ ft. x Width: _____ ft. x		<input type="checkbox"/> Accounts receivable Number of panes: _____ = _____

II. LOSSES/LIQUOR VIOLATIONS, CITATIONS, CHARGES OR ENFORCEMENT ACTIONS FOR THE PAST 5 YEARS AND ADDITIONAL INTERESTS

20. Have there been any liquor violations, citations, charges or enforcement actions in the last five years? Yes No

Date of Violation	Description of Violation	Measures Taken to Prevent Future Violations

Please provide additional claims or information on separate sheet

21. Have there been any losses in the last five years? Yes No

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. ELIGIBILITY CRITERIA

22. Are there any past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No

23. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No

Advise reason for cancellation: _____

24. Does any building built prior to 1978 have aluminum or knob-and-tube wiring? Yes No

25. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? Yes No

26. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? Yes No

Property

27. Do all grills, deep fat frying equipment and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96? Yes No

28. Does the automatic fire extinguishing system have an in-force cleaning contract? Yes No

29. Are there functioning and operational fire extinguishers according to code? Yes No

30. Are pyrotechnics or foam machines on the premises? Yes No

31. Is this a seasonal operation? Yes No

If "Yes,"

a. Is the location locked and secured during the closed season? Yes No

b. How many months of the year is the business closed? _____

General Liability

32. Is the applicant responsible for the maintenance of the building, sidewalk, parking area or snow and ice removal? Yes No

33. Is there inhalation of oxygen gas from tanks or hookah smoking on the premises? Yes No

34. Will/has the establishment act/acted as a franchisor (grantor of a franchise)? Yes No
35. Does the public access multiple levels within the establishment? Yes No
36. Are there any pyrotechnics, foam machines, mosh pits, trampolines or swimming pools on the premises? Yes No
37. Are there at least two means of egress (exits) for every floor with public access? Yes No
38. If there is another occupancy in the building, for this establishment, do all grills, deep fat fryers and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96? Yes No
39. Does the establishment have a cabaret licence? (Nova Scotia only) Yes No

Liquor Liability

40. What time does the sale of alcohol cease? _____ a.m. p.m. 24 hours
41. Is the establishment a nonprofit private, fraternal or social club? Yes No
If "Yes," complete section IV-C
42. Does the establishment utilize an identification scanner on all patrons regardless of age? Yes No
43. Are drink specials/happy hours offered after 9 p.m.? Yes No
44. Is there a bar with seating? Yes No
45. Does the establishment attract a predominantly youthful clientele ranging from 18 to 25 years of age (local provincial minimum drinking age applies)? Yes No
46. Does the establishment permit "BYOB" (bring your own bottle)? Yes No
If "Yes," complete section IV-D
47. Are facilities available for banquets, receptions or private affairs? Yes No
If "Yes," complete section IV-A
48. Is alcohol ever sold or served away from the premises? Yes No
If off-premises coverage is desired, attach a completed Catering Plus Liquor Liability Application, form CP-LLA, to this submission
49. Is the applicant a retail liquor store, convenience/deli/grocery operation, or micro brewery/brew pub/distillery operation? Yes No
If "Yes," complete section IV-E or IV-F
50. What is the lowest beer price offered, including happy hours and specials? \$ _____
51. What is the lowest price offered for a glass of wine/liquor including happy hours and specials? \$ _____
52. Are general liability limits equal to or greater than liquor liability limits maintained? Yes No
53. Have all owners and principals with a controlling interest been financially solvent (i.e. no bankruptcy filings) for the last 12 months? Yes No
54. Is a valid liquor licence maintained if required by ordinance or law? Yes No
Name on the licence: _____
Licence #: _____
55. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No
56. Has liquor liability coverage been cancelled or non-renewed in the past five years? Yes No
57. Is the establishment affiliated with a franchise operation? Yes No
58. Are patrons offered more than two complimentary drinks in one day? Yes No
59. Are "all you can drink," "bottomless drinks" or open bar specials offered? Yes No
60. Are patrons under the legal drinking age permitted on the premises? Yes No
61. Are patrons under the legal drinking age permitted on the premises after 11 p.m.? Yes No
62. Are whole bottles of liquor sold for bottle service or set ups offered? Yes No
63. Are drinking games offered or permitted (e.g. beer pong)? Yes No
64. Does the establishment have a cabaret licence? (Nova Scotia only) Yes No

IV. COMPLETE APPLICABLE SECTIONS FOR ADDITIONAL OPERATIONS:

A. RESTAURANTS OR BARS WITH BANQUET OPERATIONS

Note: If operation is strictly a banquet hall, attach a completed Catering Plus Liquor Liability Application, Form CP-LLA, to this submission

65. a. If there are banquet operations on the premises, are only the establishment's authorized employees or members permitted to serve alcohol at all events? Yes No
- b. If "No" to question "a.," are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own liquor liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy? Yes No

B. FINE DINING ESTABLISHMENTS

66. a. Is the average entrée price greater than \$20? Yes No
b. Is the average bottle of wine price greater than \$30? Yes No
c. Is the number of bottles on the wine list greater than 10? Yes No

C. NONPROFIT PRIVATE, FRATERNAL OR SOCIAL CLUBS

67. a. Are same day memberships available? Yes No
b. Are members permitted to bring more than three guests per day (excluding banquet activities and immediate family members)? Yes No
c. Is self-service of alcohol by members permitted? Yes No
d. Are drink specials or happy hours ever offered? Yes No
e. Are any single drinks sold for less than \$.50? Yes No
f. Is BYOB (bring your own bottle) permitted? Yes No
If "Yes," is this restricted to private functions only? Yes No

D. BRING YOUR OWN BOTTLE (BYOB) RESTAURANTS

68. a. What is the maximum occupancy of the establishment? _____
b. What percentage of patrons brings their own bottle? Less than 50% More than 50%
c. Does the establishment have a wait staff that actively monitors all alcohol consumption and requests a valid ID from all patrons? Yes No
d. Are patrons permitted to bring hard alcohol on the premises? Yes No

E. RETAIL LIQUOR STORE, CONVENIENCE/DELI/GROCERY STORE

69. Is proof of age required before serving alcohol to anyone who appears to be under the age of 35? Yes No
70. Does the establishment deliver alcoholic beverages to the general public? If "Yes," complete the following: Yes No
a. Is alcohol only delivered to adults who provide proper identification and signature verifying they are of legal drinking age (local provincial minimum drinking age applies)? Yes No
b. Does the applicant deliver to any of the following provinces: New Brunswick, Northwest Territories, Nunavut and Quebec? Yes No

F. MICROBREWERY/BREW PUB/DISTILLERY

71. Is self-service of alcohol permitted by patrons? Yes No
72. Is employee consumption limited to the tasting of products for quality purposes only? Yes No
73. Are complimentary tastings offered? If "Yes," complete the following: Yes No
a. (Micro-breweries): Is twelve ounces the maximum amount of complimentary samples permitted for any one patron per day? Yes No
b. (Distilleries): Is two ounces the maximum amount of complimentary samples permitted for any one patron per day? Yes No
c. Are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own liquor liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy? Yes No
74. Are there retail alcohol sales? Yes No
a. Is proof of age required before serving alcohol to anyone who appears to be under the age of 35? Yes No
75. Does the establishment deliver alcoholic beverages to the general public? If "Yes," complete the following: Yes No
a. Is alcohol only delivered to adults who provide proper identification and signature verifying they are of legal drinking age (local provincial minimum drinking age applies)? Yes No
b. Does the applicant deliver to any of the following provinces: New Brunswick, Northwest Territories, Nunavut and Quebec? Yes No
76. Are there wholesale alcohol sales? Yes No
a. If "Yes," does the applicant have any operations in New Brunswick, Northwest Territories, Nunavut and Quebec? Yes No
77. Are samples sold or served at festivals or any other off-premises events? Yes No
If "Yes," please complete the newest version of the special event application for separate quote consideration.

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)