

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: _____