

**IT IS REQUIRED THAT REQUEST BE SUBMITTED 14 DAYS PRIOR TO  
YOUR EVENT  
Liquor Liability Questionnaire**

1. Name of Applicant: \_\_\_\_\_
  
2. District: \_\_\_\_\_
  
3. Limit of Liability            \$5,000,000
  
4. Location and Event to which this coverage is to apply:
  - a) Date of Event \_\_\_\_\_
  - b) Location to be covered: \_\_\_\_\_
  - c) Description of Operations: \_\_\_\_\_
  - d) What are your hours of Operation? \_\_\_\_\_
  - e) What is the maximum number of patrons per day your premises can accommodate for serving food and liquor?  
\_\_\_\_\_
  
5. Have you managed the event before (within the past two years?)            Yes             No
  
6. How many years of experience does the club have in managing this event? \_\_\_\_\_
  
7. **Last year**, what were the liquor receipts \_\_\_\_\_ food receipts \_\_\_\_\_  
Other receipts \_\_\_\_\_ for this event?
  
8. Are all serving staff 19 years of age or older?            Yes             No
  
9. Are all Rotarian staff who serve liquor certified by one of the approved programs:
  - a) "Smart Serve"            Yes             No
  - b) "Serving It Right"            Yes             No
  - c) "It's Good Business"            Yes             No
  
10. Do you use an outside bartending service? If yes, who is certified?
  - a) General Manager            Yes             No
  - b) Bar Manager/supervisor            Yes             No
  - c) Bartenders            Yes             No
  - d) Servers            Yes             No
  - e) Other Staff            Yes             No
  
11. Do you check ID for all patrons who appear under the age of 25 years?            Yes             No
  
12. Is there a WRITTEN "Rules of Service" Policy?            Yes             No

13. Do you post a "Rules of Service" sign and is it clearly visible? Yes  No
14. Does the WRITTEN "Rules of Service Policy"
- a) Handle new arrivals who are already impaired, and underage persons? Yes  No
- b) Handle violent, abusive, disruptive and fighting persons? Yes  No
- c) Handle intoxicated persons wishing to leave alone or drive? Yes  No
15. Are all staff aware of their **Legal Obligations** to:
- a) Not encourage intoxication ? Yes  No
- b) Not supply liquor which might cause intoxication? Yes  No
- c) Monitor & supervise consumption of alcohol? Yes  No
- d) Recognize and notice intoxication? Yes  No
- e) Cease to serve intoxicated persons? Yes  No
- f) Take steps to prevent intoxicated persons from leaving the premises unaccompanied? Yes  No
- g) Take steps to prevent intoxicated persons from driving? Yes  No
- h) "Care for" intoxicated persons? Yes  No
16. Are server staff required to file written Incident Reports? Yes  No
17. Has the club ever had their liquor license cancelled? Yes  No
- If Yes, give details: \_\_\_\_\_
18. List all claims paid and/or outstanding, and any incidents which may give rise to a claim, during the past 5 years, arising out of the sale, consumption, distribution, and use of liquor.

Date	Amount Paid	Amount Outstanding	Description

I declare that to the best of my knowledge, all the information on this questionnaire is true and that these statements are the declarations upon which insurance coverage is provided. Signing this form does not bind the applicant or the Insurer to complete the Insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of an Executive Officer of the Name Insured

\_\_\_\_\_  
Title

**Broker: Norwich Insurance Brokers**