



Gallagher

Insurance | Risk Management | Consulting

Form A - Liquor Liability Questionnaire

- 1) Name of Club: _____
- 2) **District: 7815**
- 3) 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 your premises can accommodate for serving food and liquor? _____
- 4) Have you managed the event before (within the past two years?) Yes ☐ No ☐
- 5) How many years of experience does the club have in managing this event? _____
- 6) **Last year**, what were the liquor receipts _____, food receipts _____, other receipts _____ for this event?
- 7) Are all serving staff 18 years of age or older? Yes ☐ No ☐
- 8) 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 ☐
- 9) 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 ☐
- 10) Do you check ID for all patrons who appear under the age of 25 years? Yes ☐ No ☐
- 11) Is there a WRITTEN "Rules of Service" Policy? Yes ☐ No ☐
- 12) Do you post a "Rules of Service" sign and is it clearly visible? Yes ☐ No ☐
- 13) 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 ☐

14) 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 ☐

15) Are serving staff required to file written Incident Reports?

Yes ☐

No ☐

16) Has the club ever had their liquor license cancelled?

Yes ☐

No ☐

If Yes, give details: _____

17) 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

Phone Number

Fax Number

Email

IT IS REQUIRED THAT REQUEST BE SUBMITTED 14 DAYS PRIOR TO YOUR EVENT

Please print this application, complete it and fax it back to our office at (204) 487-0448

Rotarian: Chris Iwankow or Pat DeGroot
e-mail [chris iwankow@ajg.com](mailto:chris_iwankow@ajg.com) or [pat degroot@ajg.com](mailto:pat_degroot@ajg.com)