



# Liquor Liability Supplemental Application

## GENERAL INFORMATION

Name of Applicant/Name of Insured:

Mailing Address:

Risk Address:

Name and Address of Permit Holder (Insured):

From: (month/day/year)

Time: (AM/PM)

To: (month/day/year)

Time: (AM/PM)

Number of people at host liquor function:

Who is designated to handle the following:

a) Impaired Patrons who arrive at your function?

b) Patrons who have become visibly impaired at your function?

c) Patrons who fight?

d) Patrons who become disruptive and abusive?

e) Patrons who are obviously impaired who leave your functions (alone)?

If Third Party responsibility for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured.

## THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- a) Applicant warrants and represents that the above answers and statements are all in respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in the Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire Policy shall be void.



## PRIVACY WORDING AND SIGNATURE

Protecting the **Applicant's** Personal Information

By completing this application and returning it to Arthur J. Gallagher Canada Limited., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information by Arthur J. Gallagher Canada Limited., for the following purposes.

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for Insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

**SIGNATURE** By signing this form you are consenting to the statements above.

Name: (please print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_