

**Liquor Liability Questionnaire**

Policy Number: \_\_\_\_\_

Renewal Date \_\_\_\_\_

1. Name of Rotary Club: \_\_\_\_\_

2. District: \_\_\_\_\_

3. Location and Event to which this coverage is to apply:

\_\_\_\_\_  
Date of Event:  
\_\_\_\_\_

**THE ATTACHED SCHEDULE OF EVENTS PAGE 3 MUST BE COMPLETED IF MORE THAN ONE EVENT SCHEDULED FOR THE UPCOMING YEAR (RENEWAL TERM).**

**THE FOLLOWING QUESTIONS PERTAIN TO ALL EVENTS SCHEDULED. A SEPARATE APPLICATION IS REQUIRED FOR ANY EVENT NOT LISTED ON THE ATTACHED SCHEDULE.**

4. What is the maximum number of patrons your special occasion permit allows for serving food and liquor? \_\_\_\_\_

5. What are your hours of Operation? \_\_\_\_\_

6. Have you managed the event before (within the past two years)? Yes  No

7. How many years of experience does the club have in managing this event? \_\_\_\_\_

8. Are all liquor service staff 19 years of age or older? Yes  No

9. Are all Rotarian staff who serve liquor certified by one of the approved programs:  
- "Smart Serve" Yes  No   
- "Serving It Right" Yes  No   
- "It's Good Business" Yes  No   
- Other \_\_\_\_\_

10. Do you use outside bartending service? If yes, who is certified? Yes  No   
- General manager Yes  No   
- Bar Manager/supervisor Yes  No   
- Bartenders Yes  No   
- Servers Yes  No   
- 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
- Do you post a sign? Yes  No
13. Does the WRITTEN “Rules of Service “ Policy:
- a. Deny entry to impaired or underage persons Yes  No
  - b. Handle a new arrival who is already impaired Yes  No
  - c. Handle abusive or disruptive members? Yes  No
  - d. Handle violent or fighting persons Yes  No
  - e. 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 appropriate steps to prevent intoxicated persons from leaving the premises unaccompanied? Yes  No
  - g. Take appropriate steps to prevent intoxicated persons from driving Yes  No
  - h. “Care for “ intoxicated persons Yes  No
15. Are server staff required to file written Incident Reports? Yes  No
16. Has your club ever been refused a liquor license? Yes  No
- If Yes, give details: \_\_\_\_\_
-

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

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  
O/B 1129337 ONTARIO INC

**ROTARY CLUB SCHEDULE OF EVENTS, LOCATIONS AND DATES**

**THIS FORMS PART OF THE LIQUOR LIABILITY QUESTIONNAIRE AND MUST BE COMPLETED IN ORDER TO PROVIDE COVERAGE:**

<u>EVENT DESCRIPTION</u>	<u>LOCATION</u>	<u>ALLOWABLE # OF PEOPLE PER PERMIT</u>	<u>DATE</u>

---

---

---

---

---

**THE INSURER MUST BE ADVISED OF EACH ADDITIONAL EVENT(S) NOT LISTED ABOVE BEFORE COVERAGE WILL BE CONSIDERED.**