



Canadian
Underwriters for
Licensed
Establishments Inc.

LIQUOR LICENSED PREMISES APPLICATION

Insured: _____

Principals: _____

Mailing Address: _____

Risk Location: same as above, or: _____

Loss Payable (Name & Address): _____

Years in Business at this Location: _____

Years of Previous Experience in licensed establishments: _____

Indicate type of establishment:

Fine Dining Sports Bar Roadhouse Family Restaurant Deli
Snack Bar Social Club Tavern Lounge Fast Food Private Club
Nightclub Dance Club Legion Concert Hall Banquet Hall
Adult Entertainment Other

If other describe type of business: _____

Is Business Seasonal? Yes No

Indicate when business is operational: _____

Age of Building: _____ Sprinklered? Yes No _____ % of Building Sprinklered

Non-Standard Fire Resistive Masonary Frame

Construction: Walls: _____ Roof: _____ Floor: _____

Number of Storeys: _____ Total Square Footage: _____ Square Footage Per Floor: _____

Area Occupied by Insured: _____ Square Feet: _____ Occupies Basement? Yes No

Heating: Type: _____ Updated: _____ (If oil, oil tank age: _____)

Electrical: Type: _____ Updated: _____

Plumbing: Type: _____ Updated: _____

Roof: Type: _____ Updated: _____

Other Tenants: _____

Exposure Left: _____ Exposure Right: _____



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Hydrants: _____ Proximity: _____ ft. Fire Hall: _____ Proximity: _____ km Paid? Yes No

Fire suppression system in the cooking area? Yes No If yes: Dry Wet

With a 6-Month Maintenance Contract in effect? Yes No Date of last inspection: _____

Monitored Burglar Alarm _____ Monitoring Company: _____

Sensors: Door Contacts: Yes No Motion Detectors: Yes No

Alarm System connected for fire detection? Yes No Monitoring Company: _____

Metal Bars on all windows and doors? Yes No

Surveillance Cameras? Yes No

Glass: Type: _____ Measurements (Linear Footage): _____

Annual Total Gross Receipts: \$ _____

Food: \$ _____ Cover Charge: \$ _____

Liquor: \$ _____ Other: \$ _____ Describe in detail: _____

Number of Employees: _____ Full Time: _____ Part Time: _____

Hours of Operation: _____ Days of Operation: _____

Licensed Seating Capacity: Internal: _____ Patio: _____

Does location have an age identification system? Yes No

If yes describe type of system: _____

Pool Tables: Yes No #: _____

Dance Floor Yes No #: _____ Total Area: _____ sq. ft.

Disc Jockey: Yes No

Security/Door Control: Yes No How many? _____

Are Security/Door Control employees of insured? Yes No

If no is Security Company bonded and insured? Yes No

If yes is insurance with a licensed Canadian insurance company? Yes No



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Arcade Games: Yes No #: _____

Mechanical Amusement Devices Yes No Describe: _____

Entertainment: Yes No If yes describe in detail: _____

Darts: Yes No Mechanical Rides: Yes No VLT: Yes No

Punching Bags: Yes No Video Games: Yes No

Other Games: Yes No

If yes to any of above describe in detail: _____

Do you rent / lease / allow the location to be used for special functions (i.e. weddings, banquets, stags, etc.) Yes No

If yes describe in detail: _____

Do you have Raves or any all age events? Yes No

If yes describe in detail and indicate frequency: _____

Off Site Activities: Yes No

If yes describe in detail: _____

Has the risk location's liquor permit ever been revoked or suspended? Yes No

If yes, explain including date (s), reasons, if any conditions were put license: _____

Are there any notices of violations, inspection reports or outstanding incidents that may result in a notice of proposal, charges or the like: Yes No

If yes, explain including date (s), violations: _____

Has the risk location ever been charged with any offences? Yes No

If yes, explain including date (s), charge (s) and disposition: _____

Does the insured offer **Food Delivery Service**? Yes No

Has the staff taken the **S.M.A.R.T. Program** or equivalent? Yes No



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Are there **set procedures** for handling intoxicated patrons? Yes No

Describe: _____

Are these **procedures** posted for staff members? Yes No

Is an **Occurrence/ Incident Log** kept of all incidents? Yes No

How long is the **Occurrence Log** been kept? _____ Yrs.

Are **all washrooms** inspected on a regular basis during business hours? Yes No

If yes describe procedure: _____

Is there a **Plastic Cup Rule** in effect? Yes No

Is there always an owner or manager on duty during business hours? Yes No

Is a **contractor** hired to perform snow removal and salting operations? Yes No

If a **contractor** has been hired, has a Certificate of Insurance been requested? Yes No

Other Additional Hazards: _____

Present Insurer: _____ Policy #: _____

(Attach Declaration Page) Expiring Prem. \$ _____ Expiry Date: _____

Renewal Offered? Yes No Renewal Premium: \$ _____

Has any insurer refused to renew or cancelled insurance? Yes No

Details: _____

5 Year Claim History: (if you require more space than provided, please attach a separate sheet listing all other claims)

Date: _____ Detail: _____ Paid/Reserved: \$ _____

Date: _____ Detail: _____ Paid/Reserved: \$ _____

Coverages: Fire & Extended Coverage Broad Form Deductible: \$ _____

		Limits Requested
Building	<input type="checkbox"/> A.C.V.	\$ _____
	<input type="checkbox"/> R.C.	
Equipment	<input type="checkbox"/> A.C.V.	\$ _____



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	<input type="checkbox"/> R.C.	
Stock	<input type="checkbox"/> A.C.V.	\$
Office Contents	<input type="checkbox"/> A.C.V.	\$
	<input type="checkbox"/> R.C.	
E.D.P.		\$
Rental Income/Value		\$
Gross Earnings:	Co. %	\$
Business Interruption/Profits:	Co. 100%	\$
Extra Expense		\$
Sign		\$
Accounts Receivable		\$
Valuable Papers		\$
Cargo/Transit		\$
Holdup		\$
Broad Form Money		\$
Liability		\$ 1 Million <input type="checkbox"/>
		\$ 2 Million <input type="checkbox"/>
Non Owned Auto		\$
Tenants Legal Liability		\$
Glass		\$
Boiler Insurance		\$

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Brokerage: _____ Broker Phone Number: _____

Dated: _____ Broker Signature: _____