



**Anderson  
McTague  
& ASSOCIATES**

Extra Strength Underwriting.

154 Prince William St.  
PO Box 1500  
Saint John NB, E2L 4K3  
Canada

## Licensed Premises Application

### GENERAL SECTION

Brokerage Name: \_\_\_\_\_

Broker Contact: \_\_\_\_\_ Broker Tel: \_\_\_\_\_ Broker Fax: \_\_\_\_\_

Operating name: (please print): \_\_\_\_\_

Principals name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Risk address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Insured's Web site Address: \_\_\_\_\_

Insured is: Owner:  Tenant:  Landlord's Name:

Description of operations (check appropriate box):

Pub/sports Bar:  Restaurant:  Night Club:   
 Private Club:  Hotel/Motel:  Adult Entertainment:   
 Others:  Occ. of Others:  # of Room rentals: \_\_\_\_\_

If checked "Private Club" or "Others" please provide a list of activities and attach to application.

Name and address of mortgages:

1. \_\_\_\_\_

2. \_\_\_\_\_

Is this new business to your office: Yes  No

Existing Insurer: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_ Policy #: \_\_\_\_\_

Target Premium: \_\_\_\_\_

Will they renew: Yes  No  Reason for non-renewal: \_\_\_\_\_

Has the insurance been cancelled / declined insurance (including broiler) Yes  No

(If yes, please attach details)

Previous Losses: Yes  No

(5 years – please attach full details, date, reserve, cause, class, open/closed, etc.)

Liability: \_\_\_\_\_

Other: \_\_\_\_\_

Number of years the insured has been in business at this location: \_\_\_\_\_

Prior operating experience / number of years at other locations: \_\_\_\_\_

Is the business a seasonal operation? Yes  No

If at other locations, name and address of locations to enable an experience credit to be applied: \_\_\_\_\_

Have you incurred any provincial liquor control board violations and/or suspensions in the past 5 years?

Yes  No

Has the liquor permit been suspended or revoked during the past 5 years? Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Does the insured engage in rental of location for special functions (i.e. weddings, banquets, etc): \_\_\_\_\_

\_\_\_\_\_

## LIABILITY SECTION

Licensed capacity: Pub/sports Bar: \_\_\_\_\_ Restaurant: \_\_\_\_\_

Private Club: \_\_\_\_\_ Hotel/Motel: \_\_\_\_\_

Night Club: \_\_\_\_\_ Adult Entertainment: \_\_\_\_\_

Roof top patio, ground level, other: \_\_\_\_\_ Other: \_\_\_\_\_

Total # of rooms licensed: \_\_\_\_\_ Number of employees: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Gross Receipts: Liquor: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_ VLT's: \$ \_\_\_\_\_

Cover Charges: Liquor Store Sales: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Liquor receipts should not include beverage mix (pop), cover charge, coat checks, etc... Include in Other

Describe Other: \_\_\_\_\_

If the insured rents out the facility to another party, does the insured require proof of insurance from this other

party adding the insured as an additional named insured: Yes  No

Other additional exposures: \_\_\_\_\_

(1) Are your customers subjected to a metal detector upon entry to your premises: Yes  No

(2) All ages/under age raves and events: Yes  No

(3) Pyrotechnics: Yes  No

(4) Mechanical Bulls: Yes  No

How many stairwells lead to/from the establishment: \_\_\_\_\_

How many fire exits are available to customers: \_\_\_\_\_

Hours of Operation: From: \_\_\_\_\_ To: \_\_\_\_\_ # Days Open: \_\_\_\_\_

Security Personnel / Bouncers: In-house: \_\_\_\_\_ Sub-contracted: \_\_\_\_\_ # Of security: personnel \_\_\_\_\_

How are patrons evicted from premises: \_\_\_\_\_

Under what circumstances are police called: \_\_\_\_\_

Is the I.D. checked on all patrons that could potentially be underage: Yes  No

If a customer becomes intoxicated, how are they handled: \_\_\_\_\_

Service of alcohol stopped: Yes  No  Will staff contact a taxi? Yes  No

Taxi / Public phone in the premises with phone number: Yes  No

Is public transport readily available: Yes  No

Is there a designated driver program in place? Yes  No

If yes, describe: \_\_\_\_\_

Other measures taken: \_\_\_\_\_

Do you have valet parking? Yes  No

Have managers/servers taken S.M.A.R.T. program or equivalent: Yes  No

Does your establishment have a staff training program? Yes  No

Are all employees covered by workers compensation? Yes  No

Have you ever had any food or health violations? Yes  No

If yes, please explain: \_\_\_\_\_

Do you maintain an incident log? Yes  No

Do you contract out maintenance work? (ie. snow clearing) Yes  No

If yes, provide details: \_\_\_\_\_

Recreational or entertainment Facilities provided: \_\_\_\_\_

**Description**

Comedy Nights per week: \_\_\_\_\_

Dance floor Nights per week: \_\_\_\_\_ Dance Floor Sq.Ft: \_\_\_\_\_

Disc Jockeys Nights per week: \_\_\_\_\_

Exotic Dancers Nights per week: \_\_\_\_\_

Karaoke Nights per week: \_\_\_\_\_

Live Band Nights per week: \_\_\_\_\_ Types of music: \_\_\_\_\_

Special Events Nights per week: \_\_\_\_\_

Others Nights per week: \_\_\_\_\_ Please provide additional information: \_\_\_\_\_

Cover charge Average per person: \_\_\_\_\_

Does the operation have happy hour? Yes  No

If yes, please provide hours and frequency: \_\_\_\_\_

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of this Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

_____ Signature of the Insured	_____ Date
_____ Signature of the Broker	_____ Date
_____ Witness	_____ Date

Note: Failure to complete this form in full on New Business submissions and Renewal quotes prior to expiry of current policy will result in nonrenewal and a lapse of policy from coverholder. Information contained herein may be forwarded for further acceptance from lead underwriters for final decision on quote.