



#730-800 WEST PENDER STREET, VANCOUVER, BC, V6C 2V6 TELEPHONE: (604) 685-0050 FAX: (604) 669-1007

SPECIAL OCCASION HOST LIQUOR LIABILITY APPLICATION

1. Name of Applicant/Named Insureds/Permit Holder: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No. _____
4. Describe Event and Location: _____

5. Policy Period starts one hour before event (function):
From - Date: _____ Time: _____ A.M. P.M.
To - Date: _____ Time: _____ A.M. P.M.
6. 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 function (Alone) _____
7. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. _____
8. What is your experience producing this type of event. _____

9. Liquor License Board Permit No. and Capacity applied for (# of patrons): _____
10. Limit required: _____ Number of people at function? _____
_____ 1 Million Liquor Liability
_____ 2 Million Liquor Liability
_____ 5 Million Liquor Liability

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

Authorized Signature: _____ Position: _____
Please Print Name _____ Date: _____