

Liquor Liability Questionnaire

1. Name of Rotary Club: _____
2. District: _____
3. Location and Event to which this coverage is to apply:

Date of Event: _____

Rotary must hold the special occasions permit or liquor license, if host liquor liability coverage is to apply

If Rotary is using third party alcohol servers (ie: wineries & breweries), certificates of insurance are required from each third party confirming host liquor liability coverage and the Rotary is added as additional insured. These certificates must accompany this completed questionnaire and certificate request form.

Rotary events where the venue is serving alcohol under their own liquor license are not eligible for host liquor liability coverage.

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 <input type="checkbox"/>	No <input type="checkbox"/>
	Do you post a sign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Does the WRITTEN “Rules of Service “ Policy:		
	a. Deny entry to impaired or underage persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Handle a new arrival who is already impaired	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Handle abusive or disruptive members?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d. Handle violent or fighting persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	e. Handle intoxicated persons wishing to leave alone or drive	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Are all staff aware of their <u>Legal Obligations</u> to:		
	a. Not encourage intoxication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Not supply liquor which might cause intoxication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Monitor & supervise consumption of alcohol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d. Recognize and notice intoxication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	e. Cease to serve intoxicated persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	f. Take appropriate steps to prevent intoxicated persons from leaving the premises unaccompanied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	g. Take appropriate steps to prevent intoxicated persons from driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	h. “Care for “ intoxicated persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Are server staff required to file written Incident Reports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Has your club ever been refused a liquor license or special occasions permit? If Yes, provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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