

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 <input type="checkbox"/>	No <input type="checkbox"/>
- "Serving It Right"	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- "It's Good Business"	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Other _____		
10. Do you use outside bartending service? If yes, who is certified?

- General manager	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Bar Manager/supervisor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Bartenders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Servers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Other Staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 or special occasions permit? If Yes, provide details: Yes ☐ No ☐

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