



SPECIAL OCCASION HOST LIQUOR LIABILITY APPLICATION

Allow three business days for processing.

Return completed application via fax c/o The Metro. Fax: toll free 1-866-718-8180

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

2. Mailing Address: _____

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

5. Policy Period starts one hour before event (function). Maximum policy period 24 hours:
 - a. From – Date: _____ Time: _____ AM / PM
 - b. To – Date: _____ Time: _____ AM / PM
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 or 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): _____

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: _____

Note: Insurance policies are underwritten by Sports-Can Insurance Consultants Ltd. Not open to the public.