



LIQUOR LIABILITY APPLICATION

Complete a separate application for each location.

Applicant's Name: _____ _____ Mailing Address: _____ _____ Location Address: _____ _____ Website Address: _____	Agency Name: _____ Agent: _____ Address: _____ _____ E-Mail: _____ Phone: _____
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PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Inspection Contact Name: _____ Phone: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Limits of Liability Requested	
Each Common Cause	Aggregate
\$ _____	\$ _____

1. Classification of risk:

- | | | |
|--|--|--|
| <input type="checkbox"/> Arena/Stadium | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Banquet Hall |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Bartender/Liquor service only | <input type="checkbox"/> Bowling Alley |
| <input type="checkbox"/> Casino/Gaming | <input type="checkbox"/> Catering Service | <input type="checkbox"/> Comedy Club |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Drive-through Daiquiri Shop |
| <input type="checkbox"/> Exercise & Health Studio | <input type="checkbox"/> Exhibit Hall | <input type="checkbox"/> Fairground |
| <input type="checkbox"/> Gentlemen's/Strip Club | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Liquor Distributor/Wholesaler | <input type="checkbox"/> Liquor Manufacturer/Brewery | <input type="checkbox"/> Liquor/Package Store |
| <input type="checkbox"/> Microbrewery | <input type="checkbox"/> Nightclub | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Social Club | <input type="checkbox"/> Special Event | <input type="checkbox"/> Sports Field |
| <input type="checkbox"/> Winery | <input type="checkbox"/> Other (Describe): _____ | |

2. Are patrons allowed to bring their own alcoholic beverages?..... Yes No
3. Has applicant ever been assessed a fine for violation of a law concerning the sale of alcohol, or had their liquor license suspended/revoked? Yes No
If yes, when and why? _____

4. Name on liquor license: _____ Type of liquor license: _____
5. Estimated liquor receipts: \$ _____
Other receipts: \$ _____
6. Average price for:
Beer \$ _____
Wine \$ _____
Liquor \$ _____
7. Percentage of receipts for on-premises consumption:..... %
8. Percentage of receipts for off-premises consumption:..... %
9. Estimated food receipts:..... \$ _____
10. Percentage of liquor receipts to total receipts:..... %
11. How many years has the applicant been in business?
12. How many years has the applicant been at this location?.....
13. Premises within city limits? Yes No
14. Square foot area of establishment: _____ (Maximum Occupancy: _____)
15. How many days per week is the location open?
16. What time does the location close? _____ Hours of serving: _____
17. Number of servers?.....
18. Have all servers been through alcohol awareness server training (i.e., TIPS, TOPS)? Yes No
Type of course:
How often required?
Ride home policy? Yes No
19. How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? Yes No
20. Are procedures in place regulating the sale of alcohol to minors and those under the influence? Yes No
If yes, describe: _____
How is age of customer verified? _____
21. Type of clientele: Area Residents Area Workers Tourists College Other: _____
22. Percent of clientele:
25 & under %
26-30..... %
Over 30 %
23. Type of area: Industrial or Commercial Residential Rural Other: _____
Located on or near college campus? Yes No

24. **Is there an entrance fee or cover charge?** Yes No
If yes, what is the amount? \$ _____

25. **Does applicant have "Happy Hour" or 2-for-1 drink specials?** Yes No
Is last call announced? Yes No
Are customers allowed more than one drink at last call? Yes No

26. **Any internet or mail order liquor sales?** Yes No

27. **Security Activities:**
Security provided (check all applicable):
 Bouncers Doormen Off Duty Police Contracted Security Guards
 Inside Outside Armed Unarmed
 Other—Describe: _____
Any firearms kept or carried on the premises? Yes No

28. **Are there procedures for handling violent or disruptive patrons?** Yes No
If yes, describe: _____

29. **Types of entertainment activities:**
 Darts DJ Exotic Dancing Jukebox Karaoke Pinball Machine
 Dance Floor Size: _____
 Electronic Games Type: _____
 Live Entertainment Type and how often: _____
 Mechanical Devices Type: _____
 Pool Table(s) Number: _____
 Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.): _____

 Special Promotions Yes No
If yes, describe: _____

30. **Gentlemen's/Strip Clubs:**
Turnover rate for staff: _____
Are servers/dancers in training? Yes No
Does applicant prohibit serving of alcohol after hours to their staff? Yes No
Are clients allowed to purchase drinks for dancers/hostesses? Yes No

31. **Manufacturer:**
Are tours of facility provided? Yes No
Are free samples given? Yes No
If yes, how is quantity controlled? _____

32. **Distributor:**
Any sponsored events? Yes No
If yes, describe: _____
Policy for giving away alcoholic beverages by Sponsor? Yes No
If yes, describe: _____

33. Caterers:

Are clients/guests allowed to mix their own drinks? Yes No

Does caterer provide liquor or bartending service?..... Yes No

34. Additional Insured Information:

Name	Address	Interest

35. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, explain: _____

36. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			

37. Loss History:

Indicate all Liquor Liability claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses in the last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Oregon.)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expenses (any one person)	\$	\$
Other Coverages, Restrictions and/or Endorsements	\$	Total
Deductible	\$	\$

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.