

Liquor Liability Application

**Must be completed in full and signed by the applicant. Complete separate application for each location
Attach 3-4 years loss runs.**

Agency: _____
 Contact person: _____
 Address: _____
 Telephone and Fax #: _____

Effective Date Requested _____
 New _____ Renewal of Policy Number _____

1. Type of business (check all that apply):
- | | | | |
|-------------------|--------------------|--------------|----------------------|
| Bar/Tavern/Lounge | Bowling Alley | Casino | Off-Premises Caterer |
| Music Venue | Retail/Convenience | Private Club | Billiard/Pool Hall |
| Concessionaire | Restaurant | Nightclub | Country Club |
| Banquet Hall | Roadhouse | Other _____ | |

2. Name of applicant (show all names including legal and dba) _____

3. Mailing Address _____

4. Location Address _____ County: _____

Number of Stories _____ Any Patrons on other Floors: Yes No

What are other floors used for? _____

Automatic Sprinklers? Yes No Central Station Fire Alarm? Yes No

Total Square Footage _____ Describe other floor exits: _____

5. Website Address _____

6. Name and phone number of Contact Person _____

7. The applicant is: Individual Partnership Corporation Other (describe) _____

8. Does applicant have a valid liquor license? Yes No

9. Liquor Limits Desired: Occurrence/Aggregate: _____

Assault & Battery : _____

10. Current General Liability Limits : Occurrence/Aggregate: _____

Assault & Battery : _____

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11. Within the past 5 years, has applicant's liquor coverage been cancelled or nonrenewed? Yes No
If yes, explain: _____
12. Has your liquor license ever been suspended or revoked? Yes No
If yes, explain: _____
13. Is the applicant or any owner, officer or partner currently in bankruptcy? Yes No
If yes, explain: _____
14. Violations: Within the last 5 years, has applicant been fined or cited for violations related to illegal activities or the sale or service of alcohol? Yes No
If yes, provide details and dates of citations.
15. Are all alcohol serving employees certified in a formal alcohol training course? Yes No
If yes, provide name of course (e.g., TIPS, TAM, RAMP, BEST, etc.)
16. How long has current owner been in business at this location? _____
If five years or less, describe prior experience. _____
-
17. Hours of operation: Monday-Thursday _____ Friday _____ Saturday _____ Sunday _____
18. What hours is a Regular Full-Time Manager on Duty? _____
19. **Gross annual receipts**
- | | Past 12 Months | Next 12 Months |
|---------------------|-----------------------|-----------------------|
| Food | \$ _____ | \$ _____ |
| Alcohol On-Premise | \$ _____ | \$ _____ |
| Alcohol Off-Premise | \$ _____ | \$ _____ |
| Other (describe) | \$ _____ | \$ _____ |
| Total | \$ _____ | \$ _____ |
20. Are employees permitted to consume alcohol during their hours of employment? Yes No
21. What is the distance to the nearest college campus? _____
Does your operation target College Students? Yes No
22. What is the percentage of patrons By Age? _____ < 21 _____ 21-25 _____ 26-30 _____ 31-40 _____ 41+
23. Does applicant offer:
- | | |
|--|---------|
| Promotional events? | Yes No |
| Happy Hours? If yes, what times _____ pm --- _____ pm/am | Yes* No |
| Drink specials? If yes, which days or nights? _____ | Yes* No |

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Complimentary drinks or "all you can drink" specials? Yes* No
 Are bar surfaces, tables or floors ever covered with alcoholic beverages and ignited? Yes No
 Are flaming or ignited drinks served? Yes No
 * If yes, describe type of drink(s), prices and time(s) offered _____

24. Does applicant permit "BYOB" (bring your own bottle) or set-ups? Yes No
 If yes, explain _____

25. Seating Capacity in dining room bar area _____
 Have you ever been cited or fined for overcrowding? Yes No

26. If alcohol sales equal or exceed food receipts, are persons under the legal drinking age allowed on premises after 10 p.m.? Yes No
 If no, describe how this is enforced _____

27. Does Insured maintain firearms on premises? Yes No

28. Are bouncers or doorpersons employed? Yes No
 If yes, how many bouncers are employed? _____ How many per night? _____

29. Are Security Guards employed? Yes No
 If yes: Armed Yes No Off Duty Police? Yes No

Are background checks done on the security staff? Yes No

30. Does applicant feature any entertainment or other promotional events? Yes No
 If yes: How often? 0-12 times per year 1-3 times per week
13-51 times per year 4+ times per week

Is there a Cover Charge? Yes No If yes, how much? _____

Entertainment is:

DJ Jukebox Karaoke Solo vocalist Foam Party

Band Comedy Club Adult entertainment/exotic dancing*

Stage/floor show or contests (describe): _____

Amateur nights? (describe) _____

Other promotional event (describe): _____

Describe type of music:

Top 40s/pop Classic rock Soft rock Alternative Country

Jazz R&B Rap Other _____

Is dancing permitted? Yes No If yes, square footage _____

Any raised or elevated dancing areas? Yes No

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31. How many of the following amusement devices are on premises?

Electronic/Video Game	Pinball Machine	Darts
Football, Table Hockey, etc.	Pool Table	Gaming/Gambling
Mechanical Bull	Other (describe) _____	

32. Is there an established procedure for handling violent or disruptive patrons? Yes No
If yes, please include a copy.

33. Do you provide 3rd Party transportation i.e. cabs? Yes No

34. Are any actions taken to prevent obviously intoxicated persons from driving? Yes No
If yes, describe: _____

35. What steps are taken to avoid serving alcohol to persons under age?

36. Prior General Liability

Year	Carrier	Policy Limits	Assault & Battery Limits	Premium

37. Prior Liquor Liability

Year	Carrier	Policy Limits	Assault & Battery Limits	Premium

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Additional explanation of any response. Indicate question number.

GL - if requested.

- | | | | |
|-----|---|-----|----|
| 38. | Do you serve food? | Yes | No |
| 39. | Do you have any surface cooking with deep fryers? | Yes | No |
| 40. | Do you have an extinguishing system attached to it with shut off valve? | Yes | No |
| | Automatic Manual? | | |
| 41. | Do you have a contract with a service provider to maintain the system and periodically clean the filters? | Yes | No |

FRAUD STATEMENT: Any person who knowingly and with the 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.

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent. I/we warrant that premises liability coverage will be maintained at limits at least equal to the liquor liability limits during the entire term of the liquor policy. I/we agreed to submit records for audit by the company upon termination or expiration of this policy for the determination of actual gross receipts during the period of coverage, if requested.

Signature of Applicant* _____ **Title** _____

Date: _____

*Signing this application does not require the insurer to issue a policy of insurance or require the applicant to accept the insurance offered.

**The undersigned hereby warrants and certifies that all information contained herein is correct; That this form was completed and then signed by the insured/applicant; That a completed copy hereof has been given to the insured/applicant; and that I am retaining a duplicate signed copy hereof.

Signature of Producing Agent _____ **Date:** _____