

LIQUOR LIABILITY APPLICATION

(Must be completed with an ACORD application)

- 1) Named Insured: _____
 (Show all Names including legal and dba)
- 2) Mailing Address: _____
 (Street City County State ZIP Code)
- 3) Location Address: _____
 (Street City County State ZIP Code)
- 4) Telephone: () _____ Fax: () _____
- 5) Contact Person/Phone Number: _____ Inspection: _____
 Accounting Records: _____
- 6) Form of Business: Individual Partnership Corporation
 Limited Liability Corporation Other: _____
- 7) Effective Date: _____ Expiration Date: _____
- 8) Limits Requested: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$2,000,000 Other: _____

GENERAL INFORMATION

- 1) Do you have a liquor license(s)? Yes No
 Name on license: _____
 License number: _____
- 2) Years in business at this location: _____ If under 2 years, explain previous experience: _____
- 3) Type of customers (most applicable): Families Students Business/Professional
 Military Blue Collar Other: _____
- 4) Average age of customers: _____
- 5) Percentage of customers who arrive/depart by car: _____%
- 6) Do you dispense or provide alcoholic beverages for off-premises events? Yes No
- 7) Do you have a drive-thru operation for the sale of alcohol? Yes No
- 8) Do you allow BYOB (bring your own bottle)? Yes No
- 9) Is an Additional Insured needed? Yes No If yes: Need name, address, & describe insurable interest: _____

REVENUE

Provide annual sales for food and alcoholic beverages (liquor, beer, and wine):

	Alcohol On-Premises Sales*	Alcohol Take-Out Sales**	Food Sales	Other Sales***	Total Sales
Next 12 months					
Past 12 months					

*Alcohol Sold On-Premises: Beer Wine Liquor

**Take Out Alcohol Sold: Beer Wine Liquor

***Describe Other Sales: _____

DESCRIPTION OF OPERATIONS

- 1) Description of Business (Note: "X" each applicable box):
- Bar or Tavern (may serve food) Billiard/Pool Hall Bowling Alley
 Package Store (retail) Convenience/Grocery Store Night Club/Cabaret
 Comedy Club Dance Hall/Ballroom Beverage Distributor (wholesale)

- Catering/Banquets/Hall Rental; how many functions are handled annually? _____ Describe type: _____
- Hotel/Motel; have mini-bars in rooms? Yes No
- Private Club; specify type (American Legion, VFW, Country Club, etc.): _____
- Restaurant; specify type (American, Chinese, Italian, Seafood, etc.): _____
- Other (describe): _____
- 2) Area surrounding premises (check the most applicable):
- Rural Entertainment District Suburban Commercial Urban Commercial
- Residential Seasonal/resort: Operate all year? Yes No
- Other (describe): _____
- 3) Is there a college or university within a 3 mile radius of establishment? Yes No
- 4) Do you have promotional events? Happy Hour Ladies' Night Other
- If yes, give details: #of days per week: _____
- Times & duration of promotions (i.e. 5 pm to 7 pm): _____
- Describe alcohol and food discounts: _____
- 5) Any sports teams sponsored? Yes No
- If yes, list sports: _____

OPERATING HOURS - SEATING CAPACITY

- 1) Number of days open per week: _____
- 2) Normal opening and closing hours for alcohol sales:
- Sunday – Thursday: _____ Friday _____ Saturday _____
- 3) Seating capacity:
- Dining room: _____ Bar area: _____ Maximum legal occupancy: _____

AMUSEMENT DEVICES & SPORTS FACILITIES

- 1) Do you have any amusement devices and/or sports facilities? Yes No
- a) Devices with removable parts (balls, pucks, racquets, etc) provide number of all that apply:
- Pool Tables: _____ Foosball: _____ Air Hockey: _____
- Shuffleboards: _____ Dart Boards: _____ Skee-Ball: _____
- Other: _____ Describe: _____
- b) Totally enclosed devices - provide number of all that apply:
- Televisions: _____ Video Games: _____ Gambling Machines: _____
- Pinball Machines: _____ Mechanical Riding Machines: _____
- Other: _____ Describe: _____
- c) Sports Facilities (check all that apply):
- Volleyball Basketball Hockey Other (describe): _____

ENTERTAINMENT

- 1) Do you provide entertainment? Yes No
- If yes, check ALL that are applicable below:
- Juke Box Comedian Dancers-topless/nude/go-go
- DJ: #of days per week: _____
- Solo musician/singer: #days per week: _____
- Band: minimum # of members (including singer): _____ Number of days per week: _____
- Other Entertainment (describe): _____
- Type of music: Country Western Rock & Roll Heavy Metal Jazz
- 2) Is dancing allowed? Yes No
- If yes, #of days per week: _____ Size of floor - square feet: _____

EMPLOYEES

- 1) Number of Employees: Full-Time: _____ Part-Time: _____

- 2) Do you require formal, industry recognized and certifiable professional training (such as TIPS, TAMS, TOPS) of all alcohol servers? Yes No
- 3) Number of Bartenders: Full-Time: _____ Part-Time: _____
 Number of Servers: Full-Time: _____ Part-Time: _____
- 4) Any bouncers or security personnel? Yes No
 Number of bouncers/security personnel employed: Full-Time: _____ Part-Time: _____
 Number contracted: _____ Off-duty police: _____ Uniformed police: _____
 Armed: _____ Unarmed: _____
 If security is contracted, do you require proof of liability coverage? Yes No
 Are you an additional insured on that policy? Yes No
- 5) Are weapons EVER allowed or kept on the premises? Yes No

RISK MANAGEMENT

- 1) Is training provided for bartenders and wait staff in the handling of minors and intoxicated customers? Yes No If yes, describe: _____
 Is training required for all bartenders and servers? Yes No If no, indicate percentage that have training: _____ %
- 2) Describe your alcohol service policy for serving intoxicated customers: _____

- 3) Are customers who appear under the age of 25 served without checking for identification for age? Yes No
- 4) Are patrons allowed to drink more than one drink at last call? Yes No
- 5) Is staff trained on CPR and/or have First Aid training? Yes No
 Is training provided by employer? Yes No

VIOLATION INFORMATION

- 1) Within the past 5 years, has Applicant or any owner/partner/licensee had a liquor license revoked or suspended? Yes No If yes, explain: _____
- 2) Has any Applicant, within the past 5 years, been fined or cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? Yes No If yes, explain: _____

PRIOR CARRIER AND LOSS HISTORY FOR PRIOR FIVE YEARS

- 1) Do you currently carry General Liability insurance? Yes No
 If yes, effective from: _____ to _____
 Insurer: _____ Limits: _____
 Assault and Battery excluded? Yes No
- 2) Do you currently carry Liquor Liability insurance? Yes No
 If yes, form: Claims-Made Occurrence
 Insurer: _____ Limits: _____
 Assault and Battery excluded? Yes No
- 3) Prior Carrier Information

Carrier	Premium	Policy Number	Effective Date

4) Claims Experience: In the past 5 years, has any owner, partner, member, officer or licensee had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not? Yes No

Date of Incident or Loss	Description of Loss	Amount of Claim or Loss*	Date Valued	Open or Closed

*Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense

5) Company Loss Run: Attached Has been requested and will be available prior to binding
 Not available Has been requested but won't be available until after binding

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

(Signature of Applicant Title Date)

(Signature of Producing Agent Date)

(Agent Name and Address)