APPLICATION FOR LIQUOR LIABILITY AND GENERAL LIABILITY INSURANCE

Liquor/General Liability Program

1. Type of Application: ◯ New ◯ Renewal
   Expiring Liquor Policy: Expiring General Liability Policy:
   Need quote for: ◯ Liquor Liability only
   ◯ General Liability & Liquor Liability

2. Need quote by: Desired Policy Period Beginning: To:

3. Liquor Limit Requested: ☐ $50K ☐ $100K ☐ $200K ☐ $300K ☐ $500K ☐ $1M ☐ $1M/$2M

4. Named of Applicant (show all legal names):

   Mailing Address: Mailing Address 2:
   Mailing City: Mailing State: Mailing Zip code:
   Telephone number:

5. Name of Location to be Insured:

   Location Street Address: Location Address 2:
   Location City: Location State: Location Zip code:
   Telephone number: Website:
   Number of locations:
   NOTE: Only one location per application. For multiple retail stores, use the Centrex Retail Store Application with the Multi Location Supplement.

6. Is this a new purchase or new venture? ◯ Yes ◯ No
   Years of experience in this industry: Years of experience at this location under current ownership:

7. If coverage is bound, it will cover only the designated insured location(s) which will be subject to inspection and audit.
   Contact person for inspection: Telephone number:
   Email address:

8. Form of business: ◯ Individual ◯ Joint Venture ◯ Partnership ◯ Corporation ◯ Limited Liability Company ◯ Other:

9. Does Applicant have a License to sell alcoholic beverages? ◯ Yes ◯ No

10. Type of Customers (most applicable): ☐ Families ☐ College Students ☐ Business/Professional ☐ Military ☐ Blue Collar ☐ Tourists ☐ Regular patrons ☐ Motorcycle riders ☐ Other:
    Average age of customers: ◯ Under 21 ◯ 21-25 ◯ 26-30 ◯ 31-35 ◯ 36-45 ◯ Over 45
    Are customers under 21 ever permitted on the premises? ◯ Yes ◯ No After 11pm? ◯ Yes ◯ No
    Percentage of customers who arrive/depart by car/truck? %
    Do college students frequent the establishment? ◯ Yes ◯ No If yes, what percentage of clientele? %

11. Description of Operations (check **ALL** operations that are applicable):

☐ Bar/Tavern (may serve food)	☐ Nightclub / Cabaret	☐ Adult Entertainment
☐ Package Store (retail)	☐ Convenience / Grocery Store	☐ Billiard / Pool Hall
☐ Comedy Club	☐ Dance Hall / Ballroom	☐ Bowling Alley
☐ Brewery	☐ Winery	☐ Distillery
☐ Beverage Distributors (wholesale)	☐ College Bar	☐ College Nightclub

   ☐ Hotel/Motel
   ☐ Catering/Banquets/Hall Rental – Total Sq Footage (required): (Attach Hall Rental/Caterers Supplement)
   ☐ Private Club: specify type (American Legion, VFW, Country Club, etc.):
   If private club, provide total Sq Footage (required):
   ☐ Restaurant
   ☐ Other; describe:

12. Does Applicant dispense or provide alcoholic beverages for off-premises events? ◯ Yes ◯ No
    If yes, complete Special Events Application (GL coverage not available for Special Events).
    Does Applicant have any Catering / Banquet Hall / Hall Rental Operations? ◯ Yes ◯ No
    If yes, complete Hall Rental / Caterers Supplement.

13. Does the Applicant have any of the following?
    - ◯ Yes ◯ No – Pool Tables If yes, number of Pool Tables:
    - ◯ Yes ◯ No – Gambling Machines
    - ◯ Yes ◯ No – Mechanical Riding Machines
    - ◯ Yes ◯ No – Sports Facilities on premises (i.e., axe-throwing, volleyball, softball, basketball, swimming pool, etc.)

    If there are sports facilities, please describe:

14. Does Applicant have entertainment? ◯ Yes ◯ No If yes, check Applicable boxes and provide times per week:
    - ☐ Exotic / go-go dancers / adult entertainment Times per week:
    - ☐ DJ Times per week:
    - ☐ Band (four or more members) Times per week:
    - ☐ Karaoke Times per week:
    - ☐ Solo/duet/trio musician(s) or vocalist(s) Times per week:
    - ☐ Stage / floor show or contests Times per week: Describe:
    - ☐ Other Times per week: Describe:

    If karaoke is present, does the Applicant have private karaoke rooms for guests and parties? ◯ Yes ◯ No
    If the Applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed? ◯ Yes ◯ No
    Type of music: ☐ Top 40 ☐ Country ☐ Classic Rock & Roll ☐ Soft Rock ☐ Jazz ☐ Alternative ☐ Rap ☐ R&B ☐ Disco ☐ Hard Rock ☐ Heavy Metal ☐ Electronic ☐ Other (specify):

15. Is dancing allowed? ◯ Yes ◯ No If yes, # days per week: Size of dance floor: sq feet

16. Lowest 12-oz beer price offered, including happy hours / promotions: ◯ $0.00-$1.99 ◯ $2-$2.99 ◯ $3-$4.99 ◯ $5+
    Lowest liquor/wine price offered, including happy hours / promotions: ◯ $0.00-$1.99 ◯ $2-$2.99 ◯ $3-$4.99 ◯ $5+
    Do you offer individual servings of beer larger than 24 ounces? ◯ Yes ◯ No
    Do you offer individual servings of liquor larger than 3 ounces? ◯ Yes ◯ No
    If you offer any of the following, check the appropriate box: ☐ Beer ☐ Wine ☐ Liquor ☐ Self-service of alcohol ☐ Happy hour ☐ Ladies night ☐ Bottle service/setups ☐ Drinking games ☐ Complimentary drinks
    If you have drink promotions, when do they occur (mark all that are appropriate):
    ☐ Only between Monday and Thursday ☐ Friday, Saturday, and/or Sunday ☐ Every day
    If you have drink promotions, how long do they last: ◯ 1 - 2 hours ◯ 3 hours ◯ 4 hours ◯ 5+ hours
    If you have drink promotions, at what time do the specials end? ◯ by 8pm ◯ 9pm ◯ 10pm or later
    Select the appropriate discount for happy hours or ladies' nights: ◯ 2 for 1 ◯ 3 for 1 ◯ $1 off ◯ $2 off ◯ Other:
    If you offer bottle service/setups, provide the days, times, price, and operations:

    If you offer complimentary drinks, provide the days, times, and operations:

17. Is there a college or university within a 3-mile radius of the Applicant's premises? ◯ Yes ◯ No
    If yes, provide name:

18. Provide hours of operation for each day of the week below:

Sunday	Open:	Close:	Thursday	Open:	Close:
Monday	Open:	Close:	Friday	Open:	Close:
Tuesday	Open:	Close:	Saturday	Open:	Close:
Wednesday	Open:	Close:			

    Is this a seasonal operation? ◯ Yes ◯ No If yes, what are the dates of operation? to

19. Provide employee counts for each position:
    Servers: Bartenders: Security personnel: Cooks: Managers: Other:
    If applicable, are background checks performed on security personnel before hiring? ◯ Yes ◯ No
    If applicable, are security personnel contracted from a third party? ◯ Yes ◯ No
    If yes, are certificates of insurance obtained and the Applicant named as an additional insured? ◯ Yes ◯ No

20. Within the past 5 years, has Applicant had a liquor license suspended or revoked or been fined/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, # of times: Explain:

21. Does the Applicant require all alcohol serving or selling employees to be certified by a formal alcohol-awareness training program? ◯ Yes ◯ No If yes, provide training program (BEST, RAMP, TIPS, TAM, etc.):

22. Number of police/emergency calls within the last year:
Reason(s) for calls:

23. Operations:
◯Yes ◯No Does the Applicant have procedures in place to regulate the sale of alcohol to intoxicated persons?
◯Yes ◯No Does the Applicant have procedures in place to regulate the sale of alcohol to minors?
If yes, describe procedures:

◯Yes ◯No Does the Applicant have ride-home procedures for intoxicated patrons?
If yes, describe procedures:

◯Yes ◯No Are the Applicant's employees required to check identification of customers who may be under age 40?
◯Yes ◯No Does the Applicant use ID scanners to check identification of customers?
If the Applicant uses ID scanners, for how long does the Applicant maintain records of ID's that have been scanned?
◯Yes ◯No Does the Applicant have video surveillance? If yes, how long is video retained?
◯Yes ◯No Can watercraft of any kind dock, land, or otherwise attach to or adjacent to the Applicant's premises?
◯Yes ◯No Does the Applicant allow customers to order more than one drink at last call?
◯Yes ◯No Does the Applicant allow employees to consume alcohol on the premises while on the job?
◯Yes ◯No Does the Applicant have a drive-thru operation for the sale of alcohol?
◯Yes ◯No Does the Applicant allow customers to BYOB (bring your own bottle)?
◯Yes ◯No Does the Applicant participate in bar crawls?
◯Yes ◯No Does the Applicant allow "guest" or "celebrity" bartenders to serve alcoholic beverages?
◯Yes ◯No Does the Applicant host "college nights" or similar events/promotions?
If yes, describe specials and provide frequency:

24. Provide Applicant's annual sales for food and all alcoholic beverages (liquor, beer, and wine) below:

	Alcohol Sales for On-Premises Consumption	Alcohol Sales for Off-Premises Consumption	Food Sales	Other Sales*	Total Sales
Next 12 months					$ 0.00
Past 12 months					$ 0.00
*Describe other sales:					
If there are on-premises and take-out alcohol sales, does the Applicant maintain separate sales records? ◯Yes ◯No					

25. Does Applicant carry General Liability insurance? ◯Yes ◯No If yes, effective from: to
Insurer: Limits: Assault & Battery Excluded? ◯Yes ◯No

26. Does Applicant currently carry Liquor Liability insurance? ◯Yes ◯No Expiration date:
◯Package Policy ◯Monoline Policy Assault & Battery Excluded: ◯Yes ◯No Limits:
Insurer: Premium:
Except for Kentucky and Missouri risks, has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years? ◯Yes ◯No If yes, explain:

27. In the past 5 years, has the Applicant or any owner, partner, member, officer, or licensee had any Liquor Liability or Assault & Battery claims or incidents that resulted or could result in a claim, whether insured or not?
◯Yes ◯No If yes, how many?
If yes, provide details below. If more than five claims, attach worksheet with further claims information.

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A						
B						
C						
D						
E						

28. Additional Insureds. If none, leave blank. Additional insureds will be applied to liquor and GL quotes unless specified.

Type	Name	Address	City	State	Zip
Lessor/Property Manager					
Franchisor					
Mortgagee					
Other (specify)					
Vendor					

For Vendors only, provide product type:

General Liability Section (to be completed only if GL coverage is requested)

GL Limit requested: ☐ $300,000/$600,000 ☐ $500,000/$1,000,000 ☐ $1,000,000/$2,000,000

1. Do you own the building? ◯ Yes ◯ No If yes, is any part of your location rented to others? ◯ Yes ◯ No
   a. If yes, what is the occupancy of the tenant(s)? ☐ Apartments ☐ Retail/Other
   b. If apartments, how many units are rented to others?
   c. If Retail/Other, what is the square footage occupied by the tenants? sq ft
2. Are exits clearly marked and unobstructed? ◯ Yes ◯ No
   Are there at least two exits for every floor of the building? ◯ Yes ◯ No
3. Is cooking performed? ◯ Yes ◯ No If yes, is there an operational Ansul system? ◯ Yes ◯ No
4. Is there a service agreement in place for cleaning the surfaces and ducts of the extinguishing system? ◯ Yes ◯ No
5. Are there any firearms or weapons kept on premises? ◯ Yes ◯ No
   Policy will contain an endorsement excluding coverage for firearms and weapons.
6. Is the Applicant responsible for maintenance of the sidewalk, parking area, or snow and ice removal? ◯ Yes ◯ No
7. Is parking performed by a valet contracted service? ◯ Yes ◯ No
   If yes, are certificates of insurance obtained and is the applicant named as an Additional Insured? ◯ Yes ◯ No
   If no, does Applicant have a parking lot for its customers? ◯ Yes ◯ No
   If there is a parking lot, does the Applicant maintain sufficient lighting? ◯ Yes ◯ No
8. In the past 3 years, has the Applicant had any General Liability or Assault & Battery claims or incidents that resulted or could results in a claim, whether insured or not? ◯ Yes ◯ No If yes, how many?
   If yes, provide details below. If more than five claims, attach worksheet with information regarding additional claims.

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A						
B						
C						
D						
E						

9. Does Applicant package and sell food under their own label? ◯ Yes ◯ No
10. Are records kept on food suppliers? ◯ Yes ◯ No
11. Does Applicant provide Worker's Compensation coverage for employees? ◯ Yes ◯ No
12. Does Applicant lease employees? ◯ Yes ◯ No
    If yes, does the leased employer provide Worker's Compensation coverage? ◯ Yes ◯ No
13. Can patrons access an upper or lower level, including a restroom, seating area, or balcony? ◯ Yes ◯ No
14. Does the facility have a balcony or raised platform which patrons may access? ◯ Yes ◯ No

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I acknowledge that the information contained herein will be the basis upon which the Insurer may issue a Liquor Liability policy. I acknowledge that if the Insurer issues a Liquor Liability policy and if any information contained herein is misleading or false, the Insurer may have the right to rescind the policy. I authorize the Insurer and its representative, Centrex Underwriters, Inc., to obtain the following information from the state and/or other liquor authority licensing or regulating this establishment: all violations, consumer complaints and disciplinary actions on record with the state and/or other authority licensing or regulating this establishment in the past five years.

Signature of Applicant: Date:

Printed Name of Applicant: Title of Applicant:

Retail Agency: Printed Name of Retail Agent:

Telephone number: Email address:

Wholesale Brokerage Firm: Printed Name of Wholesale Broker:

City: State: Email address: