Liquor Liability Application

Complete a separate application for each location.

Applicant's Name: _____

_____

Mailing Address: _____

_____

Location Address: _____

_____

Web site Address: _____

Agency Name: _____

Agent: _____

Address: _____

_____

E-Mail: _____

Phone: _____

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

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

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

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
$	$

1. Classification of risk:

☐ Arena/Stadium ☐ Comedy Club ☐ Fairground ☐ Night Club
☐ Auditorium ☐ Concession Stand ☐ Gentlemen's/Strip Club ☐ Restaurant
☐ Banquet Hall ☐ Convenience Store ☐ Grocery Store ☐ Social Club
☐ Bar/Tavern ☐ Distributor/Wholesaler ☐ Hotel/Motel ☐ Special Event
☐ Bowling Alley ☐ Drive-through Daiquiri Shop ☐ Liquor Manufacturer/Brewery ☐ Sports Field
☐ Casino/Gaming ☐ Exercise Studio ☐ Liquor/Package Store ☐ Winery
☐ Catering Service ☐ Exhibit Hall ☐ Microbrewery
☐ Other (Describe): _____

2. **Are patrons allowed to bring their own alcoholic beverages?** ☐ Yes ☐ No

3. **Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your 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. **Percent of receipts for on-premises consumption:** _____%

8. **Percent 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)? _____

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:** Under 25 _____% 25-30 _____% Over 30 _____%

23. **Type of area:** ☐ Industrial or Commercial ☐ Residential ☐ Rural ☐ Other _____
    Located on or near college campus? ☐ Yes ☐ No

24. **Is there a cover charge?** ☐ Yes ☐ No
    If yes, what is the amount? $_____

25. **Do you 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. Security Activities:

Security provided by (check all applicable)

☐ Bouncers ☐ Doormen ☐ Off Duty Police

☐ Contracted Security Firms: ☐ inside ☐ outside ☐ armed ☐ unarmed

Any firearms kept or carried on the premises? ☐ Yes ☐ No

27. Are there procedures for handling violent or disruptive patrons? ☐ Yes ☐ No

If yes, please describe? _____

28. Types of entertainment activities:

☐ Darts ☐ DJ ☐ Exotic Dancing ☐ Juke Box

☐ 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: _____

29. 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

30. Manufacturer:

Are tours of facility provided? ☐ Yes ☐ No

Are free samples given? ☐ Yes ☐ No

If yes, how is quantity controlled? _____

_____

31. Distributor:

Any sponsored events? ☐ Yes ☐ No

If yes, describe: _____

Policy for giving away alcoholic beverages by Sponsor? ☐ Yes ☐ No

If yes, describe: _____

_____

32. Caterers:

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

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

33. Additional Insured Information:

Name	Address	Interest

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

If yes, explain: _____

_____

35. **Prior Carrier Information:**

	Year:	Year:	Year:
Carrier			
Policy No.			

36. **Loss History:**

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ Check if no losses 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 WARNINGS:

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 in Nebraska, Oregon and Vermont.**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 in 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 knowingly and with intent to defraud any insurance company 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.

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 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.

FRAUD WARNING 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.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____