

**QUESTIONNAIRE – LIQUOR LIABILITY**

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

**INSURED INFORMATION**

Name of Applicant: \_\_\_\_\_

Applicant mailing and location address: \_\_\_\_\_

Website address: \_\_\_\_\_

Does applicant have a valid liquor license?  Yes  No

Indicate name on liquor license: \_\_\_\_\_ License # \_\_\_\_\_

Previous liquor liability carrier: \_\_\_\_\_ Limits: \_\_\_\_\_

Within the last 5 years, has applicant's liquor coverage been cancelled or non-renewed?  Yes  No

Desired Limits: Each Common Cause: \$ \_\_\_\_\_; Aggregate: \$ \_\_\_\_\_

Years current owner has been in business at this location: \_\_\_\_\_

If less than 3 years please describe prior experience: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

If a Fraternal Club, are you open to the public?  Yes  No

Square foot area the business occupies: \_\_\_\_\_

**BUSINESS DESCRIPTION**

Type of Business:

<input type="checkbox"/> Standard Restaurant	<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Bar or Tavern	<input type="checkbox"/> Gentlemen's Club
<input type="checkbox"/> Wine Bar	<input type="checkbox"/> Package Store	<input type="checkbox"/> Special Event	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Fraternal Club	<input type="checkbox"/> Private Club	<input type="checkbox"/> Distributor
<input type="checkbox"/> Off-Premises Caterer	<input type="checkbox"/> Hall for Rent	<input type="checkbox"/> Country Club	<input type="checkbox"/> Nightclub
<input type="checkbox"/> Other: _____			



**REVENUES**

<i>Total Gross Annual Receipts:</i>	<i>Prior 12 Months</i>	<i>Current 12 Months</i>
Food:	\$ _____	\$ _____
Alcohol (Consumption ON premises):	\$ _____	\$ _____
Alcohol (Consumption OFF premises):	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Please describe 'Other:':	_____	

*(If applicant has more than one operation at the same location, please provide breakdown of receipts by operation in the Notes section.)*

**PREVENTATIVE**

What procedures do you have in place to prevent the sale of alcohol to minors or those under the influence?  
 \_\_\_\_\_

What steps are taken to prevent visibly intoxicated persons from driving?  
 \_\_\_\_\_

Do you have access to 3<sup>rd</sup> party transportation i.e. cabs?  Yes  No

Are all ID's checked?  Yes  No

Have all servers been certified in a formal alcohol training course?  Yes  No

Number of police calls within the last year: \_\_\_\_\_

Types of calls: \_\_\_\_\_

**EMPLOYEES/MANAGEMENT**

Are employees allowed to consume alcohol during hours of employment?  Yes  No

What is the average age of wait staff/servers? \_\_\_\_\_

Number of Full Time employees: \_\_\_\_\_ Part Time: \_\_\_\_\_

Average Number of employees during peak hours of operations? \_\_\_\_\_

Please describe training practices? \_\_\_\_\_

Are bouncers or doorpersons employed?  Yes  No

Are bouncers self-employed?  Yes  No

If yes, do they have general liability coverage including assault & battery?  Yes  No

Do they require certificates of insurance?  Yes  No

Do they require to be added as an additional insured?  Yes  No

Are Security Guards employed?  Yes  No if yes, are they armed?  Yes  No

Are background checks done on security staff?  Yes  No

<b>PROCEDURES</b>
-------------------

What is the average age of patrons?

_____ Under 21	_____ 21-25	_____ 26-30
_____ 31-40	_____ 40+	

If a bar or tavern, are persons under the legal drinking age permitted on premises?  Yes  No

What is the distance to the nearest college campus? \_\_\_\_\_

Does the applicant offer:

- |  |  |
|--|--|
| Daily Happy Hour?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Promotional Events?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Multiple drink incentives (i.e. 2 for 1's, every 3 <sup>rd</sup> drink is free, etc.?) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Complimentary drinks or "all you can drink specials"?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are flaming or ignited drinks served?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drinking Contests?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Whole liquor bottle service or setups?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are customers allowed to bring their own bottle or setups?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Single drink servings larger than 24 ounces?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Liquor or wine for less than \$1.50?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Beer for less than \$1.00  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

What is Building's legal capacity as established by fire marshal/department? \_\_\_\_\_

What is the average number of patrons during peak hours? \_\_\_\_\_

<b>ENTERTAINMENT</b>
----------------------

Does the applicant feature any entertainment?  Yes  No

If yes, describe all:

<input type="checkbox"/> Juke Box, Karaoke	<input type="checkbox"/> Solo Vocalist	<input type="checkbox"/> Comedy Club
<input type="checkbox"/> DJ	<input type="checkbox"/> Band – 3 members	<input type="checkbox"/> Band – 4+ members
<input type="checkbox"/> Exotic Dancers/Adult Entertainment	<input type="checkbox"/> Stage/Floor Show (describe below)	

How often? \_\_\_\_\_



Other Entertainment or Additional Descriptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe type of music:

<input type="checkbox"/> Top 40's/Pop	<input type="checkbox"/> Classic Rock	<input type="checkbox"/> Soft Rock
<input type="checkbox"/> Alternative	<input type="checkbox"/> Country	<input type="checkbox"/> Jazz
<input type="checkbox"/> R & B	<input type="checkbox"/> Other: _____	

What is the size of area used for dancing when tables are "shoved aside"? \_\_\_\_\_

Are dancing areas raised or elevated?  Yes  No

Does the applicant charge a cover charge?  Yes  No

**SPECIAL EVENTS**

Does your special event have a liquor license?  Yes  No

If "No" to the above, does the event have a subcontracted liquor vendor with license?  Yes  No

Is liquor served in a fenced off area (permanent or temporary)?  Yes  No

Is there a procedure for checking ID's of patrons entering the liquor-serving area?  Yes  No

Is there a limit to the number of alcoholic beverages served to a patron at any one time?  Yes  No

What is that drink limit? \_\_\_\_\_

**LOSS HISTORY**

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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Claims: Within the last 5 years, has applicant had any reported liquor liability claims or notifications or potential liquor liability claims?  Yes  No

If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Within the last 5 years, has the applicant had any Assault or Battery claims?  Yes  No

Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you?  Yes  No

