



LIQUOR LIABILITY APPLICATION

NEW RENEWAL Expiring Policy No.

ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.

1. Name of Applicant Show all Names including legal and dba's

2. Mailing Address Street City County State ZIP Code

3. Location Address Street City County State ZIP Code

4. Phone Number () Fax ()

5. Website Address

6. Name/Title of person who keeps books Phone Number ()

7. Applicant is: Individual Partnership Corporation Limited Liability Corporation Other

8. Effective Date / / Expiration Date / /

9. Limits Requested: Each Common Cause of Loss Aggregate Limit

10. How long has current owner been in business at this location? * If 5 years or less, describe experience.

11. TYPE OF BUSINESS (check all that apply):

- Bar/Tavern Private Club Country Club Catering/Banquet Hall
Bowling Alley Billiard/Pool Hall Restaurant Fraternal Club
Casino Concessionaire Adult Night Club or Bar Retail/Take-out/Package Store
Off-Premises Caterer Beverage Distributor (wholesale) Other (describe)
Combined Wholesale/Retail Distributors

Table with 3 columns: Gross Annual Receipts, Past 12 Months, Next 12 Months. Rows: Food, Alcohol, Other (describe), Total Receipts.

b. If applicant engages in the sale of alcoholic beverages for on-premise and off-premise consumption, provide a breakdown:

Table with 3 columns: On Premise, Off Premise. Rows: Food, Alcohol.

c. If applicant has more than one operation at same location, provide breakdown of receipts by operation:

Table with 6 columns: Bar/Lounge, Restaurant, Banquet, Retail Sales, Other. Rows: Food, Alcohol, Other (describe).

- d. Does applicant sell or serve alcohol away from the premise... Yes No
e. Are there any internet sales? Yes No
f. Is there a drive-thru operation for the sale of alcohol? Yes No

13. Does applicant have a valid **liquor license**? Yes No
Name on license _____ License number _____

	Yes	No
14. Has applicant or any owner, officer or partner filed bankruptcy in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are employees permitted to consume alcohol during their hours of employment?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is establishment located within 5 miles of a college or university ?	<input type="checkbox"/>	<input type="checkbox"/>

17. Average age of patrons: Under 21 21-25 26-30 31+

18. Area surrounding premises (check the most applicable):
 Rural Entertainment District Suburban Commercial Urban Commercial
 Residential Seasonal/resort: Operate all year? Yes No
 Other (describe): _____

	Yes	No
19. Does applicant offer:		
a. Beer (12 oz. or more) for \$1.00 or less	<input type="checkbox"/>	<input type="checkbox"/>
b. Liquor or wine (any size) for \$1.50 or less	<input type="checkbox"/>	<input type="checkbox"/>
c. Multiple drink incentives (i.e. 2 for 1's, every third drink is free, etc.)	<input type="checkbox"/> *	<input type="checkbox"/>
d. Drink specials before 4 p.m. or after 9 p.m.	<input type="checkbox"/> *	<input type="checkbox"/>
e. Complimentary drinks or "all you can drink" specials	<input type="checkbox"/> *	<input type="checkbox"/>

***If yes, describe type of drink(s), cost and time(s) offered:** _____

20. 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.** _____

21. Are **bouncers, doorpersons, and/or ID checkers** employed? Yes No
(If yes, this risk must be rated in Category I) Number of: Full time Part time

22. Are **guns** permitted or kept on premises? Yes No

23. Does applicant permit "**BYOB**" (bring your own bottle) or **setups**? Yes No
If yes, explain. _____

24. Does applicant feature any **entertainment**? Yes No If yes:

a. How often: 0-12 times per year 13-51 times per year 1-3 times per week 4+ times per week

b. Entertainment is: DJ Jukebox Karaoke Solo Vocalist Band Comedy Club
 Adult Entertainment/Exotic Dancing
 Stage/Floor Show or Contests (describe): _____

c. Type of music: Top 40's/Pop Classic Rock Soft Rock Alternative Country Jazz
 R&B Rap Other _____

d. Is dancing permitted? Yes No

e. Is there a dance floor? Yes No
If yes: Size of dance floor (square feet) _____ Size of establishment (square feet) _____

25. Is this a **seasonal** operation? Yes No If yes, what is the season? From _____ To _____

26. Do you have any amusement devices and/or sports facilities? Yes No

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: _____	

Totally enclosed devices – provide number of all that apply:

Televisions _____	Video Games _____	Gambling Machines _____
Pinball Machines _____	Mechanical Riding Machines _____	
Other _____	Describe: _____	

Sports Facilities (check all that apply):
 Volleyball Basketball Hockey Other (describe) _____

27. Do you have any mechanical devices? Yes No
Number _____ Describe _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 28. Any sports teams sponsored?
If yes, list sports _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are facilities available for banquets, receptions or private affairs ?
If yes, how many functions are handled annually? _____ Describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Are <u>all</u> alcohol-serving employees certified in a Formal Alcohol Training Course ?
If yes, provide name of course (i.e. TIPS, TAM, RAMP, BEST, etc.) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Hours of operation: Mon-Thurs _____ Fri _____ Sat _____ Sun _____
If open past 2 a.m., is a special license required to stay open late?
Seating capacity dining room _____ Bar area _____ Max. legal capacity _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Violations: Within the past 5 years, has applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide date(s) and details of citation(s). _____

Within the past 5 years, has Applicant or any owner/partner/licensee had a liquor license revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____
_____ | | |
| 33. Claims: Within the past 5 years, has the applicant had any reported:
a. Liquor liability claims or notification of potential liquor liability claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide date(s), description of claim(s), amount of claim or loss (includes all amounts paid or reserved, including defense and other expense) and status. _____

b. Assault & battery claims or notification of potential claims related to assault & battery? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide date(s), description of claim(s) and status. _____
_____ | | |
| 34. Within the past 5 years, has applicant's liquor coverage been cancelled or nonrenewed ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain. _____
_____ | | |
| 35. Previous Liquor Carrier _____
Limits _____ Premium _____
Policy Term _____ to _____ | | |
| 36. Is an Additional Insured needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:
Name _____
Address _____
Insurable Interest (describe) _____ | | |
| 37. Company Loss Run: <input type="checkbox"/> Attached <input type="checkbox"/> Has been requested and will be available prior to binding.
<input type="checkbox"/> Not available <input type="checkbox"/> Has been requested but won't be available until after binding. | | |

FRAUD STATEMENT

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.

Signature of Applicant* (must be Owner, Officer or Partner)	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.		

Signature of Producer	Date
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