



## 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:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Arena/Stadium           | <input type="checkbox"/> Comedy Club                 | <input type="checkbox"/> Fairground                  | <input type="checkbox"/> Night Club    |
| <input type="checkbox"/> Auditorium              | <input type="checkbox"/> Concession Stand            | <input type="checkbox"/> Gentlemen's/Strip Club      | <input type="checkbox"/> Restaurant    |
| <input type="checkbox"/> Banquet Hall            | <input type="checkbox"/> Convenience Store           | <input type="checkbox"/> Grocery Store               | <input type="checkbox"/> Social Club   |
| <input type="checkbox"/> Bar/Tavern              | <input type="checkbox"/> Distributor/Wholesaler      | <input type="checkbox"/> Hotel/Motel                 | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Bowling Alley           | <input type="checkbox"/> Drive-through Daiquiri Shop | <input type="checkbox"/> Liquor Manufacturer/Brewery | <input type="checkbox"/> Sports Field  |
| <input type="checkbox"/> Casino/Gaming           | <input type="checkbox"/> Exercise Studio             | <input type="checkbox"/> Liquor/Package Store        | <input type="checkbox"/> Winery        |
| <input type="checkbox"/> Catering Service        | <input type="checkbox"/> Exhibit Hall                | <input type="checkbox"/> Microbrewery                |  |
| <input type="checkbox"/> 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. <input type="checkbox"/> 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: \_\_\_\_\_