



BANQUET HALL/CATERER LIQUOR LIABILITY APPLICATION

SECTION I.

1. Effective Date: _____ To _____
2. Applicant's Name: _____
3. Applicant's Mailing Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Email Address of Primary Contact: _____ Phone: _____
6. Inspection Contact Name: _____ Phone: _____
7. Number of Locations to be Insured (*complete one application per location*): _____
8. Location Address: _____
9. City: _____ State: _____ Zip Code: _____
10. Type Of Business (*check all that apply*)
 Banquet Halls/Caterer Other
11. What year did the applicant start business at this location? _____
12. How many years' experience does applicant have owning or managing this type of operation? _____
13. Estimated Receipts:
Annual Food Receipts Off-Premises \$ _____
Annual Food Receipts On-Premises Banquet/Rental Hall \$ _____
Annual Liquor Receipts On-Premises Banquet/Rental Hall (including beer and wine) \$ _____
Annual Liquor Receipts Off-Premises Catering (including beer and wine) \$ _____

(Michigan only) The policy to which this application will apply is exempt from the filing requirements of MCL 500.2236.

16. **Assault & Battery Buy-Back limit provided under General Liability Coverage?** Yes No

Assault & Battery Buy-Back limit provided under General Liability Coverage \$ _____

17. List all claims and suits related to liquor liability including claims related to assault and battery claims brought against applicant within past (5) years. (**5 years loss runs preferred, minimum 3 years currently valued loss runs required to bind**)

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Amount Reserved	Status of Claim (O=Open, C=Closed)

18. What is the latest hour of operation? _____ am pm 24 hours

19. Number of days applicant is open for business per week _____

20. Maximum legal capacity of the premises: _____

21. Are there comedy, dinner theater, or other interactive/spectator acts? Yes No

22. Are there beer and wine sales only? Yes No

23. Are all alcohol-serving employees certified in a Formal Alcohol Training Course? Yes No

24. Are employees permitted to consume alcohol during their working hours/after their shift/after closing time? Yes No

25. Are non-employees permitted to serve alcohol? Yes No

26. Is BYOB (bring your own bottle) permitted at any time including banquet operations? Yes No

a. Are patrons allowed to self-serve/pour/mix alcoholic drinks? Yes No

b. Where is BYOB alcohol kept on premises? _____

c. Who pours/serves/mixes alcoholic drinks? _____

27. Within past 3 years, has applicant's liquor coverage been cancelled or non-renewed? Yes No

If yes, explain: _____

SECTION II.

28. Does applicant have a valid liquor license? Yes No

If yes, liquor license number: _____

If no, reason for not having a valid liquor license: _____

Liquor license status: _____

Michigan Business ID#: _____

29. Has license been suspended or revoked in the past 3 years? Yes No

30. Has applicant had any fines and/or citations for violation of laws or ordinances related to illegal activities or the sales of alcohol at this location within the past 3 years? Yes No

Fine/Citation Date	License Revoked or Suspended?	Description of Citation	Action take to prevent future occurrences
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

31. Are facilities available for banquets, receptions or private affairs? Yes No

If yes, how many functions are handled annually? _____

Describe type: _____

- Does/will the applicant ever permit anyone other than their own employees to serve alcohol? Yes No
32. Offer Bottle service or set-ups? Yes No
- Are patrons allowed to self-serve/pour/mix alcoholic drinks? Yes No
- Who pours/serves/mixes alcoholic drinks? _____
- Is Wine only offered? Yes No
- Minimum number of patrons required in a group to have bottle service: _____
33. What is the average age of patrons? _____
34. Are patrons under legal drinking age permitted on premises? Yes No
35. Are patrons under the age of 21 allowed on premises after 10 pm? Yes No
36. Are guns/weapons kept or permitted on premises? Yes No
- If yes, where are they kept? _____
37. Does applicant employ bouncers or other security personnel? Yes No
- If response is "Yes" to above question, answer questions below:
- Do they carry weapons? Yes No
- Are they? Employee Independent contractor Both
- Does the applicant have a written agreement with these contractors? Yes No
- Are contractors required to provide a certificate of insurance evidencing General Liability and Assault & Battery coverage with limits equal to or greater than our policy? Yes No
38. Number of times law enforcement have been called to establishment within past 12 months: _____
- If response above is greater than "0", provide details: _____
39. Does applicant have a valid annual liquor license for off-premises catering events? Yes No
40. Will alcohol be provided by the applicant at all off-premises catering events? Yes No
41. Will applicant ever provide bartender only service at any events? Yes No
42. Will applicant ever provide catering service including alcohol at homes, beaches or parks? Yes No
- If response is "Yes" to above question, answer questions below:
- a. Will the homeowner's personal alcohol be stored away and not accessible during the catered event? Yes No
- b. Will patrons/guests be permitted to self-serve alcohol during the event? Yes No
- c. If the venue has a swimming pool or other water hazards, will guests be permitted to take alcohol into the water? Yes No
43. Are ID's checked at all events? Yes No

SECTION III.

44. Additional Insureds:

Name	Relationship/Interest	Address	City, State, Zip	AI/CH

45. Expiring Liquor Liability Carrier: _____

Effective Date: _____ Expiration Date: _____

Expiring Premium: \$ _____

Expiring Policy Limits: \$ _____

Deductible: \$ _____

FRAUD WARNINGS

FOR APPLICANTS IN THE FOLLOWING STATES:

COLORADO – 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.

DISTRICT OF COLUMBIA – WARNING: 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.

FLORIDA – 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 of the third degree.

MARYLAND – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

OHIO – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA – WARNING: 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.

OREGON – Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information, information concerning any material fact, may have committed a fraudulent insurance act, which may be a crime and may subject the person to penalties.

PUERTO RICO – Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

FOR APPLICANTS IN ALABAMA, ARKANSAS, ARIZONA, LOUISIANA, NEW MEXICO AND WEST VIRGINIA:

Any person who knowingly presents a false claim or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

FOR APPLICANTS IN MAINE, TENNESSEE, VIRIGINA 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 may include imprisonment, fines or denial of insurance benefits.

FOR APPLICANTS IN ALL OTHER STATES:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or claim containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

WARRANTIES AND REPRESENTATIONS

In submitting this Application, the undersigned warrants and represents that:

- a) The information in this Application and all attachments are true and complete as of the date submitted;
- b) Founders Insurance Company may, and is intended to rely upon such information in determining whether to issue insurance coverage and, if so, at what premium and upon what terms;
- c) Upon any change in circumstances which bear upon the accuracy or completeness of the undersigned's representations herein, he/she shall notify Founders Insurance Company immediately in writing and such notice shall become a part of this Application;
- d) Founders Insurance Company may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this Application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- e) Neither the insured nor any principal with a control interest in the insured, has filed for bankruptcy within 12 months prior to the date the application is signed;
- f) General Liability insurance is carried by the insured at limits equal to or greater than Liquor Liability on our policy;
- g) The insured has and will maintain a valid liquor license prior to the insured selling, serving or distributing alcohol.
- h) The undersigned authorizes all former liability insurers and all accounting firms to disclose to Founders Insurance Company and/or its agents all available information concerning the undersigned's prior underwriting or claims history and liquor purchases and receipts, and releases all such former liability insurers and accounting firms, Founders Insurance Company and its agents from any liability resulting from such disclosures and use, even if such information is incomplete or erroneous;
- i) Upon submission of this application and at any time thereafter the undersigned shall make available to Founders Insurance Company and its agents access to the premises and operations to be insured for an inspection and copies of the last four (4) calendar quarters of sales tax returns;
- j) The submission of this Application shall not bind Founders Insurance Company or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage; and
- k) Should Founders Insurance Company issue insurance coverage which is accepted by the undersigned:
 - 1) The undersigned shall allow Founders Insurance Company to audit its books, records, and operations, including an audit of the estimated liquor receipts to ensure their accuracy and/or actual liquor receipts for any relevant time period;
 - 2) The undersigned shall maintain accurate books and records of its liquor receipts for three (3) years following policy expiration and shall send to Founders Insurance Company copies of any documents requested;
 - 3) The premium payable for the insurance coverage is a deposit premium only and may be adjusted by Founders Insurance Company at any time during the policy period and up to three years after its expiration based upon the rates in effect at policy inception; and
 - 4) The undersigned shall pay any additional premium due to Founders Insurance Company within fifteen (15) days of receipt of an invoice.

Applicant's Signature: _____ **Title:** _____ **Date:** _____
(Required) **(Required)** **(Required)**

Agent's Signature: _____ **Date:** _____
(Required) **(Required)**



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com