

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

OFF PREMISES LIQUOR LIABILITY APPLICATION

TO BE COMPLETED IN ADDITION TO ACORD APPLICATION OR ITS EQUIVALENT

All questions must be answered in full. If necessary, attach a separate sheet of paper with complete details.

Application must be signed and dated by the applicant.

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Applicant's Phone Number: _____

Web Address: _____

Inspection Contact: _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact: _____

Applicant is: Individual Partnership Corporation Joint Venture Other _____

1. Years in business? _____
2. Liquor License #: _____ State: _____ License Type: On Premises Off Premises Both
License issued to Named Insured? Yes No
If no, name on license: _____
3. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your license suspended? Yes No
If yes, provide details: _____
4. List all states in which applicant operates: _____
5. Applicant is: Off-premises Caterer Bartending/Waiter Service Other (Explain): _____
6. Types of events handled:
 Wedding Receptions _____% Corporate Functions _____%
 Religious Celebrations _____% Private Parties _____%
 Other – Describe including venues and %: _____
If Private Parties are catered, what type, including venues: _____
7. Does applicant ever cater for youthful clientele? Yes No
If yes, describe events and procedures to identify underage guests: _____
8. Who supplies the alcohol? Applicant Applicants' Client Other: (Explain) _____
9. Are guests ever permitted to BYOB or serve themselves or others (if yes, account is ineligible)? Yes No
10. Have all bartenders and servers participated in a recognized server training program? Yes No
 - a. Type of course? _____
 - b. How often required? _____
 - c. If in-house training, does person performing training have certification for training course? Yes No Not Applicable
11. Describe procedures should a guest become intoxicated: _____
12. Do servers have the authority to stop serving individuals at their discretion? Yes No
13. Are employees or other persons permitted to consume alcohol during their hours of employment or service? Yes No

14. Are Servers: Full-Time Employees
 Part-Time Employees
 Independent Contractors
15. Are Bartenders: Full-Time Employees
 Part-Time Employees
 Independent Contractors
16. If using Independent Contractors (attach copy of contract used):
- a. Is proper contract used with a hold harmless, indemnification agreement and minimum insurance limits required? Yes No
 - b. Do you obtain a Certificate of Insurance showing proof of Liquor Liability Coverage and the limits being provided? Yes No
 - c. Do you require that the Independent Contractors name you as Additional Insured on their Liquor Liability policy? Yes No
17. Number of events:
- a. Handled annually: _____
 - b. Where alcohol is served: _____
 - c. Where only alcohol is served (no sales of food): _____
18. Maximum number of guests or attendees at events: _____
Average number of guests or attendees at events: _____
Average number of guests or attendees at events consuming alcohol served by applicant: _____
19. What is the average duration of events entailing the serving of alcoholic beverages? _____
20. What is the latest time alcohol is sold or served? _____
21. Annual off premises food receipts: \$_____ Annual off premises alcohol receipts: \$_____
Annual on premises food receipts: \$_____ Annual on premises alcohol receipts: \$_____
Explain how receipts were estimated: _____
22. Do you own or provide the facilities as part of the contract? Yes No
If yes, provide details: _____
23. Entertainment Activities:
- a. Is there a dance floor? Yes No
If yes, size/square footage: _____
 - b. Live performances on premises? Yes No
If yes, how often? _____ Any cover charge? Yes No
 - c. Other entertainment activities? Yes No
If yes, describe: _____
24. Are bouncers or security professionals ever employed? Yes No
If yes, is security armed? Yes No
Provide details: _____

Claims Information

25. Describe all claims or incidents of injury/damage, including any loss payments, resulting from liquor liability in the last five years from the date of completion of this questionnaire or attach hard copy loss runs:

Limit of Liability

26. Select Limit of Liability for Liquor Liability:(You may only select one option)

	Each Common Cause	Aggregate
<input type="checkbox"/>	\$100,000	\$100,000
<input type="checkbox"/>	\$100,000	\$200,000
<input type="checkbox"/>	\$300,000	\$300,000
<input type="checkbox"/>	\$300,000	\$600,000
<input type="checkbox"/>	\$500,000	\$500,000
<input type="checkbox"/>	\$500,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$2,000,000

27. Optional Coverage – Assault or Battery (You may only select one option)

	Each Event	Aggregate
<input type="checkbox"/>	\$25,000	\$50,000
<input type="checkbox"/>	\$50,000	\$100,000
<input type="checkbox"/>	\$100,000	\$100,000
<input type="checkbox"/>	\$300,000	\$300,000

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

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.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, 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 a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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 Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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 civil fines and criminal penalties.

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.

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

Producer's Signature

Date

Applicant's Signature

Date