

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

### 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. Type of establishment:

- Restaurant  Hotel Restaurant (type of cuisine) \_\_\_\_\_
- Bar or Tavern
- Package Store  Convenience Store  Grocery Store
- Catering (Complete A079 Off Premises Liquor Liability Application in lieu of this Application)
- Banquet Hall (Complete A083 Banquet Hall Liquor Liability Application in lieu of this Application)
- Social Club (Complete A084 Social Club Liquor Liability Application in lieu of this Application)
- Other \_\_\_\_\_

2. Sales:

Restaurant/Hotel Restaurant:

Alcohol \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Catering \$ \_\_\_\_\_ Cover Charge \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

All Other Types of Establishments:

Alcohol \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Catering \$ \_\_\_\_\_ Cover Charge \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

3. Years in business? \_\_\_\_\_ Years at this location? \_\_\_\_\_

4. Liquor License #: \_\_\_\_\_ State: \_\_\_\_\_ License Type:  On Premises  Off Premises  Both

License issued to Named Insured? .....  Yes  No

If no, name on license: \_\_\_\_\_

5. 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: \_\_\_\_\_

6. Does the establishment have a separate bar area? .....  Yes  No

a. Maximum capacity of restaurant area: \_\_\_\_\_

b. Maximum capacity of bar area: \_\_\_\_\_

7. Business days and hours: \_\_\_\_\_

Last alcoholic beverages served at what time: \_\_\_\_\_

8. Type of Clientele:  Locals  Area Workers  Tourists  College  Other: \_\_\_\_\_

Age (% of total): 25 and under: \_\_\_\_\_% 26-30: \_\_\_\_\_% 30-40: \_\_\_\_\_% Over 40: \_\_\_\_\_%

9. Estimated percentage of customers that live in the neighborhood and walk-in: \_\_\_\_\_%

10. Distance to nearest College or University: \_\_\_\_\_

11. Indicate all premises entertainment or amusement devices: (check all that apply)

<input type="checkbox"/>	Bands (3 or more individuals)	<input type="checkbox"/>	Bowling Lanes						
<input type="checkbox"/>	Burlesque/Nudity	<input type="checkbox"/>	Electronic Video Games						
<input type="checkbox"/>	Piano Bar	<input type="checkbox"/>	Dinner Theater						
<input type="checkbox"/>	Karaoke	<input type="checkbox"/>	Disc Jockey						
<input type="checkbox"/>	Open Mic	<input type="checkbox"/>	Standup Comedy	<input type="checkbox"/>	Talent Night	<input type="checkbox"/>	Sports Courts	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Juke Box	<input type="checkbox"/>	Mechanical Bull	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Other		

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 coverage charge? .....  Yes  No

c. Other entertainment activities? .....  Yes  No

If yes, describe: \_\_\_\_\_

12. Do you sponsor any on/off-site special events, activities or contests

(e.g., beer garden at local fair)? .....  Yes  No

If yes, provide details.

13. Do you participate as a vendor at any special events or contests? (If yes, provide details)  Yes  No

14. Number of Bartenders: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Number of Servers: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

15. 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 the course? .....  Yes  No  Not Applicable

16. Are employees or others permitted to consume alcohol during their hours of employment or service? .....  Yes  No

17. Describe procedures to identify underage patrons? \_\_\_\_\_

18. Describe procedures in place in the event a patron becomes intoxicated:

19. Do you have Happy Hours, drink specials or drink promotions? .....  Yes  No

If yes, how many days per week are they offered? \_\_\_\_\_

What is the maximum length of time in which they are offered? \_\_\_\_\_

Any Happy Hours, drink specials or drink promotions offered before 7:00am or after 9:00pm?  Yes  No

If yes, provide details: \_\_\_\_\_

20. Are guests ever allowed to mix their own drinks or serve themselves?  Yes  No

21. Any on-premises BYOB/Corkage Service? .....  Yes  No

If yes, annual corkage fees: \_\_\_\_\_

22. Are bouncers or security professionals ever employed?.....  Yes  No  
 If yes, is security armed? .....  Yes  No  
 Provide details: \_\_\_\_\_
23. Any firearms kept on premises? .....  Yes  No

**Claims Information**

24. 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**

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

	<b>Each Common Cause</b>	<b>Aggregate</b>
<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

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

	<b>Each Event</b>	<b>Aggregate</b>
<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