

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

1. Named Insured (Show all Names Including legal and DBA)	
2. Mailing Address (Street, City, County, State, ZIP Code)	
3. Location Address (Street, City, County, State, ZIP Code)	
4. Telephone (incl. area code)	Fax (incl. area code)
5. Contact Person/Phone Number Inspection	Accounting Records
6. Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other:	
7. Effective Date	Expiration Date
8. Limits Requested: <input type="checkbox"/> \$100,000/\$200,000 <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> Other:	
9. Deductible Requested: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	

GENERAL INFORMATION

1. Do you have a liquor license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Name on license: _____ License number: _____	
2. Years in business at this location: If under 2 years, explain previous experience:	
3. Type of customers (most applicable): <input type="checkbox"/> Families <input type="checkbox"/> Students <input type="checkbox"/> Business/Professional <input type="checkbox"/> Military <input type="checkbox"/> Blue Collar <input type="checkbox"/> Other:	
4. Average age of customers:	
5. Percentage of customers who arrive/depart by car: _____ %	

REVENUE

Provide annual sales for food and alcoholic beverages (liquor, beer, and wine):

	Alcohol On-Sale*	Alcohol Off-Sale **	Food Sales	Other Sales***	Total Sales
Next 12 months					
Past 12 months					

* On-Sale Alcohol Sold: Beer Wine Liquor

** Off-Sale Alcohol Sold: Beer Wine Liquor

*** Describe Other Sales:

DESCRIPTION OF OPERATIONS

1. Description of Business (Check each applicable box):

- | | | |
|---|--|--|
| <input type="checkbox"/> Bar or Tavern (may serve food) | <input type="checkbox"/> Billiard/Pool Hall | <input type="checkbox"/> Bowling Alley |
| <input type="checkbox"/> Package Store (retail) | <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> Night Club/Cabaret |
| <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Dance Hall/Ballroom | <input type="checkbox"/> Catering/Banquets/Hall Rental |
| <input type="checkbox"/> Beverage Distributor (wholesale) | | |
| <input type="checkbox"/> Hotel/Motel; have mini-bars in rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> Private Club; specify type (American Legion, VFW, Country Club, etc.): | | |
| <input type="checkbox"/> Restaurant; specify type (American, Chinese, Italian, Seafood, etc.): | | |
| <input type="checkbox"/> Other (describe): | | |
-

2. Area surrounding premises (Check the most applicable):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Rural | <input type="checkbox"/> Entertainment District | <input type="checkbox"/> Suburban Commercial | <input type="checkbox"/> Urban Commercial |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Seasonal/resort: Operate all year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> Other (describe): | | | |
-

3. Is there a college or university within a 3 mile radius of establishment? Yes No

4. Do you have promotional events? Happy Hour Ladies' Night Other If yes, give details:

a. # of days per week:

b. Times & duration of promotions (i.e. 5 pm to 7 pm):

c. Describe alcohol and food discounts:

5. Any sports teams sponsored? Yes No

If yes, list sports:

BAR/RESTAURANT/TAVERN

1. Number of days open per week:

2. Normal opening and closing hours for alcohol sales:	Sunday – Thursday	Friday	Saturday
3. Seating capacity:	Dining room	Bar area	Maximum legal occupancy

4. Does establishment rent out facility for banquets, weddings, etc.? Yes No

If yes, number of times per year:

5. Do you allow BYOB? Yes No

6. Do you dispense or provide alcoholic beverages for off-premises events? Yes No

7. Do you offer any of the following drink specials?

- | | | |
|---|--|---|
| <input type="checkbox"/> Happy Hour | <input type="checkbox"/> Double for single prices | <input type="checkbox"/> Drinking contests |
| <input type="checkbox"/> Other promotional events | <input type="checkbox"/> Athletic contests or events | <input type="checkbox"/> Ladies night |
| <input type="checkbox"/> Complimentary drinks | <input type="checkbox"/> 2 for 1 drinks | <input type="checkbox"/> Drinks over 24 oz. |
| <input type="checkbox"/> College night | <input type="checkbox"/> All you can drink | <input type="checkbox"/> Singles Night |
| <input type="checkbox"/> Whole liquor bottle service or setup | | |
-

If yes, describe and include days and hours offered (be specific):

AMUSEMENT DEVICES & SPORTS FACILITIES

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

a. **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:	_____		

b. Totally enclosed devices – provide number of all that apply:

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

c. Sports Facilities (check all that apply):

Volleyball Basketball Hockey Other (describe): _____

ENTERTAINMENT

1. Do you provide entertainment? Yes No If yes, check ALL that are applicable below:

Juke Box Comedian Dancers-topless/nude/go-go

DJ: # of days per week: _____ Solo musician/singer: # days per week: _____

Band: minimum # of members (including singer) _____ Number of days per week: _____

Other Entertainment (describe): _____

Type of music: Country/Western Rock & Roll Heavy Metal Jazz

2. Do you have a cover charge? Yes No

3. Is dancing allowed? Yes No

If yes, # of days per week: _____ Size of floor – sq. ft.: _____

SPECIAL EVENTS

1. Does your special event have a liquor license? Yes No

If no, does the event have a subcontracted liquor vendor with a license? Yes No

2. Type of license: On-sale Off-sale Beer Wine Liquor

3. Indicate the type of area of location: Residential Resort Rural Suburban
 Downtown Commercial (non-industrial) Industrial

4. Is the location on or near a college campus? Yes No If yes, distance away: _____

5. License period: From: _____ To: _____

6. Who is serving the alcohol? Insured Other* organization

If other, explain: _____

If other, obtain certificates of insurance providing limits equal to or greater than insured.

7. Expected percentage of alcohol sales for the event: _____ %

8. Is there a limit to the number of alcoholic beverages served to a patron at any one time? Yes No

9. Is liquor served in a fenced-off area (temporary or permanent)? Yes No

10. Is there a procedure for checking IDs of patrons entering the liquor-serving area? Yes No

PACKAGE STORES/GROCERY STORES/CONVENIENCE STORES

1. Do you have a drive-thru operation for the sale of alcohol? Yes No

2. Do you have internet sales? Yes No

3. Do you provide delivery service? Yes No

If yes, provide Hired and Non-Owned Auto Carrier policy number and limits: _____

4. Do you allow guns on site and/or armed security guards? Yes No

5. Hours of Operation: _____

6. Do you provide training on carding practices? Yes No

If yes, describe: _____

7. Is the establishment owned by a municipality? Yes No

If yes, provide name and address of municipality: _____

EMPLOYEES

1. Number of Employees: Full-Time: _____ Part-Time: _____
2. Do you require formal, industry recognized and certifiable professional training (such as TIPS, TAMS, TOPS) of all alcohol servers? Yes No
3. Number of Bartenders: Full-Time: _____ Part-Time: _____
Number of Servers: Full-Time: _____ Part-Time: _____
4. Any bouncers or security personnel? Yes No
Number of bouncers/security personnel employed:
Full-Time: _____ Part-Time: _____
Number contracted: _____ Off-duty police: _____ Uniformed police: _____
Armed: _____ Unarmed: _____
If security is contracted, do you require proof of liability coverage? Yes No
Are you an additional insured on that policy? Yes No
5. Are weapons EVER allowed or kept on the premises? Yes No

RISK MANAGEMENT

1. Is training provided for bartenders and wait staff in the handling of minors and intoxicated customers?
 Yes No
If yes, describe: _____
Is training required for all bartenders and servers? Yes No
If no, indicate percentage that have training: _____ %
2. Describe your alcohol service policy for serving intoxicated customers: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 3. Are customers who appear under the age of 25 served without checking for identification for age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are patrons allowed to drink more than one drink at last call? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is staff trained on CPR and/or have First Aid training? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is training provided by employer? | <input type="checkbox"/> | <input type="checkbox"/> |

VIOLATION INFORMATION

1. Within the past 5 years, has Applicant or any owner/partner/licensee had a liquor license revoked or suspended?
 Yes No If yes, explain: _____
2. Has any Applicant, within the past 5 years, been fined or cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? Yes No
If yes, explain: _____

PRIOR CARRIER AND LOSS HISTORY FOR PRIOR FIVE YEARS

1. Do you currently carry General Liability insurance? Yes No
If yes, effective: From: _____ To: _____
Insurer: _____ Limits: _____
Assault and Battery excluded? Yes No
2. Do you currently carry Liquor Liability insurance? Yes No
If yes, form: Claims-Made Occurrence
Insurer: _____ Limits: _____
Assault and Battery excluded? Yes No

3. Prior Carrier Information

Carrier	Premium	Policy Number	Effective Date

4. Claims Experience

In the past 5 years, has any owner, partner, member, officer or licensee had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not? Yes No

Date of Incident or Loss	Description of Loss	Amount of Claim or Loss*	Date Valued	Open or Closed

*Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

5. Company Loss Run: Attached Has been requested and will be available prior to binding.
 Not available Has been requested but won't be available until after binding.

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS

ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, 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 may include imprisonment, fines, and denial of insurance benefits.

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
