



## LIQUOR LIABILITY APPLICATION

**Complete a separate application for each location.**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Website Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Inspection Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**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"/> Auditorium                    | <input type="checkbox"/> Banquet Hall                |
| <input type="checkbox"/> Bar/Tavern                    | <input type="checkbox"/> Bartender/Liquor service only | <input type="checkbox"/> Bowling Alley               |
| <input type="checkbox"/> Casino/Gaming                 | <input type="checkbox"/> Catering Service              | <input type="checkbox"/> Comedy Club                 |
| <input type="checkbox"/> Concession Stand              | <input type="checkbox"/> Convenience Store             | <input type="checkbox"/> Drive-through Daiquiri Shop |
| <input type="checkbox"/> Exercise and Health Studio    | <input type="checkbox"/> Exhibit Hall                  | <input type="checkbox"/> Fairground                  |
| <input type="checkbox"/> Gentlemen's/Strip Club        | <input type="checkbox"/> Grocery Store                 | <input type="checkbox"/> Hotel/Motel                 |
| <input type="checkbox"/> Liquor Distributor/Wholesaler | <input type="checkbox"/> Liquor Manufacturer/Brewery   | <input type="checkbox"/> Liquor/Package Store        |
| <input type="checkbox"/> Microbrewery                  | <input type="checkbox"/> Nightclub                     | <input type="checkbox"/> Restaurant                  |
| <input type="checkbox"/> Social Club                   | <input type="checkbox"/> Special Event                 | <input type="checkbox"/> Sports Field                |
| <input type="checkbox"/> Winery                        | <input type="checkbox"/> Other (Describe): _____       |  |

2. Are patrons allowed to bring their own alcoholic beverages?.....  Yes  No
3. Are patrons allowed to self-serve themselves alcoholic beverages?.....  Yes  No
4. Has applicant ever been assessed a fine for violation of a law concerning the sale of alcohol, or had their liquor license suspended/revoked?.....  Yes  No  
If yes, when and why? \_\_\_\_\_
- 
5. Name on liquor license: \_\_\_\_\_ Type of liquor license: \_\_\_\_\_
6. Estimated liquor receipts:.....\$ \_\_\_\_\_  
Other receipts:.....\$ \_\_\_\_\_
7. Average price for:  
Beer: .....\$ \_\_\_\_\_  
Wine:.....\$ \_\_\_\_\_  
Liquor: .....\$ \_\_\_\_\_
8. Percentage of receipts for on-premises consumption: ..... %
9. Percentage of receipts for off-premises consumption: ..... %
10. Estimated food receipts: .....\$ \_\_\_\_\_
11. Percentage of liquor receipts to total receipts:..... %
12. How many years has the applicant been in business?.....
13. How many years has the applicant been at this location? .....
14. Premises within city limits? .....  Yes  No
15. Square foot area of establishment: \_\_\_\_\_ (Maximum Occupancy: \_\_\_\_\_)
16. How many days per week is the location open?.....
17. What time does the location close? \_\_\_\_\_ Hours of serving: \_\_\_\_\_
18. Number of servers?.....
19. Have all servers been through alcohol awareness server training (i.e., TIPS, TOPS)?.....  Yes  No  
If yes:  
Type of course: \_\_\_\_\_  
How often required? \_\_\_\_\_
20. Does insured have a ride home policy? .....  Yes  No
21. How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? \_\_\_\_\_
22. 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? \_\_\_\_\_
23. Type of clientele:  Area Residents  Area Workers  Tourists  College  Other: \_\_\_\_\_
24. Percent of clientele:  
25 and under: ..... %  
26-30:..... %  
Over 30: ..... %

25. **Type of area:**  Industrial or Commercial  Residential  Rural  Other: \_\_\_\_\_  
 Located on or near college campus?.....  Yes  No
26. **Is there an entrance fee or cover charge?**.....  Yes  No  
 If yes, what is the amount? .....\$ \_\_\_\_\_
27. **Does applicant 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
28. **Any internet or mail order liquor sales?**.....  Yes  No
29. **Security Activities:**  
 Security provided (check all applicable):  
 Bouncers  Doormen  Off Duty Police  Contracted Security Guards  
 Inside  Outside  Armed  Unarmed  
 Other (Describe): \_\_\_\_\_  
 Any firearms kept or carried on the premises? .....  Yes  No
30. **Are there procedures for handling violent or disruptive patrons?**.....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
31. **Types of entertainment activities:**  
 Darts  DJ  Exotic Dancing  Jukebox  Karaoke  Pinball Machine  
 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: \_\_\_\_\_  
 \_\_\_\_\_
32. **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
33. **Manufacturer:**  
 Are tours of facility provided? .....  Yes  No  
 Are free samples given? .....  Yes  No  
 If yes, how is quantity controlled? \_\_\_\_\_  
 \_\_\_\_\_

**34. Distributor:**

Any sponsored events? .....  Yes  No

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

Policy for giving away alcoholic beverages by Sponsor? .....  Yes  No

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

**35. Caterers:**

Are clients/guests allowed to mix their own drinks? .....  Yes  No

Does caterer provide liquor or bartending service? .....  Yes  No

**36. Additional Insured Information:**

Name	Address	Interest

**37. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) .....  Yes  No**

If yes, explain: \_\_\_\_\_

**38. Prior Carrier Information:**

	Year:	Year:	Year:
Carrier			
Policy No.			

**39. Loss History:**

Indicate all Liquor Liability claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  Check if no losses in the 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 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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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.