**LIQUOR LIABILITY APPLICATION**

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

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| --- | --- |
| 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:**

|  |  |  |
| --- | --- | --- |
| Arena/Stadium | Auditorium | Banquet Hall |
| Bar/Tavern | Bartender/Liquor service only | Bowling Alley |
| Casino/Gaming | Catering Service | Comedy Club |
| Concession Stand | Convenience Store | Drive-through Daiquiri Shop |
| Exercise and Health Studio | Exhibit Hall | Fairground |
| Gentlemen’s/Strip Club | Grocery Store | Hotel/Motel |
| Liquor Distributor/Wholesaler | Liquor Manufacturer/Brewery | Liquor/Package Store |
| Microbrewery | Nightclub | Party Buses |
| Restaurant | Social Club | Special Event |
| Sports Field | Winery |  |
| 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

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| 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

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| 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

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| --- |
| 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.): |

Drinking Games (i.e., beer pong, flip cup) sponsored by the insured?  Yes  No

Special Promotions  Yes  No

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| --- |
| 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

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| --- |
| If yes, how is quantity controlled? |

**34. Distributor:**

Any sponsored events?  Yes  No

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| --- |
| If yes, describe: |

Policy for giving away alcoholic beverages by Sponsor?  Yes  No

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| --- |
| 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

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| --- |
| 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:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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|  | **IMPORTANT NOTICE** |  |
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| 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. | | |