

## 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. 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? \_\_\_\_\_  
\_\_\_\_\_
4. Name on liquor license: \_\_\_\_\_ Type of liquor license: \_\_\_\_\_
5. Estimated liquor receipts: ..... \$ \_\_\_\_\_  
Other receipts: ..... \$ \_\_\_\_\_
6. Average price for:  
Beer ..... \$ \_\_\_\_\_  
Wine ..... \$ \_\_\_\_\_  
Liquor ..... \$ \_\_\_\_\_
7. Percentage of receipts for on-premises consumption: ..... %
8. Percentage of receipts for off-premises consumption: ..... %
9. Estimated food receipts: ..... \$ \_\_\_\_\_
10. Percentage of liquor receipts to total receipts: ..... %
11. How many years has the applicant been in business? .....
12. How many years has the applicant been at this location? .....
13. Premises within city limits? ..... ☐ Yes ☐ No
14. Square foot area of establishment: \_\_\_\_\_ (Maximum Occupancy: \_\_\_\_\_)
15. How many days per week is the location open? .....
16. What time does the location close? \_\_\_\_\_ Hours of serving: \_\_\_\_\_
17. Number of servers? .....
18. Have all servers been through alcohol awareness server training (i.e., TIPS, TOPS)? ..... ☐ Yes ☐ No  
Type of course: .....  
How often required? .....  
Ride home policy? ..... ☐ Yes ☐ No
19. How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? ..... ☐ Yes ☐ No
20. 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? \_\_\_\_\_
21. Type of clientele: ☐ Area Residents ☐ Area Workers ☐ Tourists ☐ College ☐ Other: \_\_\_\_\_
22. Percent of clientele:  
25 and under ..... %  
26-30 ..... %  
Over 30 ..... %

- 23. Type of area:** ☐ Industrial or Commercial ☐ Residential ☐ Rural ☐ Other: \_\_\_\_\_  
 Located on or near college campus? ..... ☐ Yes ☐ No
- 24. Is there an entrance fee or cover charge?** ..... ☐ Yes ☐ No  
 If yes, what is the amount? ..... \$ \_\_\_\_\_
- 25. 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
- 26. Any internet or mail order liquor sales?** ..... ☐ Yes ☐ No
- 27. 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
- 28. Are there procedures for handling violent or disruptive patrons?** ..... ☐ Yes ☐ No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
- 29. 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: \_\_\_\_\_  
 \_\_\_\_\_
- 30. 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
- 31. Manufacturer:**  
 Are tours of facility provided? ..... ☐ Yes ☐ No  
 Are free samples given? ..... ☐ Yes ☐ No  
 If yes, how is quantity controlled? \_\_\_\_\_  
 \_\_\_\_\_

**32. Distributor:**Any sponsored events? ..... ☐ Yes ☐ No

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

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

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

**33. Caterers:**Are clients/guests allowed to mix their own drinks? ..... ☐ Yes ☐ NoDoes caterer provide liquor or bartending service? ..... ☐ Yes ☐ No**34. Additional Insured Information:**

Name	Address	Interest

**35. 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: \_\_\_\_\_

**36. Prior Carrier Information:**

	Year:	Year:	Year:
Carrier			
Policy No.			

**37. 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. <input type="checkbox"/> 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.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**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.

**NEW YORK 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 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.

**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)

**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.