

LIQUOR LIABILITY APPLICATION INCLUDING SPECIAL EVENT

Applicant's Name:	Agency Name: Agency Location:
Applicant Mailing Address:	Agent Name
Applicant Location Address:	Applicant E-mail Address:
Applicant Website Address:	Applicant Phone:
PROPOSED EFFECTIVE DATE: FROM TO 12:01 A.M., Standard Time at the address of the applicant	

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
\$	\$

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE* (N/A)”

Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other (Specify)

COMPLETE A SEPARATE APPLICATION FOR EACH LOCATION

1. CLASSIFICATION OF RISK:	<input type="checkbox"/> Arena/Stadium <input type="checkbox"/> Auditorium <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Bowling Alley <input type="checkbox"/> Casino/Gaming <input type="checkbox"/> Catering Service <input type="checkbox"/> Concession Stand <input type="checkbox"/> Convenience Store	<input type="checkbox"/> Distributor/Wholesaler <input type="checkbox"/> Exercise Studio <input type="checkbox"/> Exhibit Hall <input type="checkbox"/> Fairground <input type="checkbox"/> Grocery Store <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Liquor Manufacturer/ Brewery <input type="checkbox"/> Liquor/Package Store	<input type="checkbox"/> Microbrewery <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)
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2.	APPLICANT INFORMATION	
a.	Liquor license: Name on liquor license: Type of liquor license:	
b.	How many years has the applicant been in business?	
c.	How many years has the applicant been at this location?	
d.	Has applicant ever been assessed a fine for violation of a law concerning the sale of alcohol, or had liquor license suspended/revoked? If yes, when and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	PREMISES INFORMATION	
a.	Square foot area of establishment? Maximum Occupancy?	
b.	Type of Area? Located on or near a college campus?	<input type="checkbox"/> Industrial or Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Other: <input type="checkbox"/> Yes <input type="checkbox"/> No
c.	How many days per week is the location open?	
d.	What time does the location close?	
e.	Hours alcohol is served?	to
4.	CLIENTELE	
a.	Type	<input type="checkbox"/> Area Residents <input type="checkbox"/> College <input type="checkbox"/> Other <input type="checkbox"/> Area Workers. <input type="checkbox"/> Tourists
b.	Percent by age:	Under 25 % 25-30 % Over 30 %
5.	ALCOHOL SERVICE	
a.	Are patrons allowed to bring their own alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Number of servers:	
c.	Have all servers been through alcohol awareness server training (i.e. tips, tops)? Type of Course? How often required? Ride home policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
d.	How often does the manager review liquor liability laws with employees (including penalties for service intoxicated customers)?	
e.	Are procedures in place regulating the sale of alcohol to minors and those under the influence? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Do you have "Happy Hour" or 2-for-1 drinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Last Call Is last call announced?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Are customers allowed more than one drink at last call?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	RECEIPTS	
a.	Is there a cover charge? If yes, what is the amount? \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Estimated alcohol receipts? Other Receipts?	\$ \$
c.	Average price for:	Beer \$ ls Wine \$ Liquor \$
d.	Percent of receipts for on-premises consumption:	%
e.	Percent of receipts for off-premises consumption:	%
f.	Estimated food receipts:	\$
g.	Percentage of alcohol receipts to total receipts:	%
h.	Does Applicant offer on-line liquor sales? If yes, receipts \$	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.	SECURITY DETAILS	
a.	Security provided by	(check all that apply) <input type="checkbox"/> Bouncers <input type="checkbox"/> Doorman <input type="checkbox"/> Off Duty Police <input type="checkbox"/> Contracted Security Firms
	Any Firearms kept or carried on the premises?	(check all that apply) <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed
b.	Are there procedures for handling violent or disruptive patrons? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

8.	SPECIAL EVENT DETAILS	
a.	Event Type – describe	
b.	Dates: Hours	
c.	Estimated Attendance per day	
d.	Estimated Sales per day	Alcohol: \$ Food: \$
e.	Live entertainment - Describe	

10.	TYPE OF ENTERTAINMENT ACTIVITIES:	<input type="checkbox"/> Darts <input type="checkbox"/> DJ <input type="checkbox"/> Exotic Dancing <input type="checkbox"/> Juke Box <input type="checkbox"/> Dance Floor: Size <input type="checkbox"/> Electronic Games: Type <input type="checkbox"/> Live Entertainment: How often? <input type="checkbox"/> Mechanical Devices: Type <input type="checkbox"/> Pool Table: Total Number <input type="checkbox"/> Other activities that include patron participation (wrestling, boxing, volleyball, etc.) List all that apply: <input type="checkbox"/> Special Promotions <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:												
11.	MANUFACTURER	Are tours of facility provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Are free samples given? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, How is quantity controlled?												
12.	DISTRIBUTOR	Any sponsored events? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: Policy for giving free alcoholic beverages by Sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:												
13.	CATERERS	Are clients/guests allowed to mix their own drinks? <input type="checkbox"/> Yes <input type="checkbox"/> No Does caterer provide liquor or bartending services? <input type="checkbox"/> Yes <input type="checkbox"/> No												
14 ADDITIONAL INSURED INFORMATION:														
<table border="1" style="width:100%"> <thead> <tr> <th style="width:33%">NAME</th> <th style="width:33%">ADDRESS</th> <th style="width:33%">INTEREST</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			NAME	ADDRESS	INTEREST									
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15.	During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant (not applicable in Missouri)? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No												

16. PRIOR CARRIER INFORMATION:			
	YEAR	YEAR	YEAR
CARRIER			
CARRIER			

17. LOSS HISTORY:				
Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.				
DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS (OPEN OR CLOSED)

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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 un-der 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/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.