

LIQUOR LIABILITY APPLICATION

10. Dance floor: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many bar areas? _____
11. Area: Total Premises:_____ Dining/Bar Areas:_____ Dance Floor:_____	
12. BYOB: Is there a "Brown Bag" or "BYOB" policy in place at this establishment, where patrons may bring their own alcoholic beverages for consumption either during the establishment open hours, or after hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the serving policy	
13. Off-premises operations: Any off-premises events? <input type="checkbox"/> Yes <input type="checkbox"/> No Catering? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, catering receipts for past 12 months: _____ Are alcoholic beverages supplied by you? <input type="checkbox"/> Yes <input type="checkbox"/> No Is bartender supplied by you? <input type="checkbox"/> Yes <input type="checkbox"/> No Is food supplied at all catered events? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Parking: <input type="checkbox"/> Lot on premises <input type="checkbox"/> Street parking <input type="checkbox"/> Public parking adjacent to premises <input type="checkbox"/> Valet parking a. If lot on premises, number of spaces: _____ b. Estimated daily number of 'walk-in' trade: _____ c. Do you operate a "drive-thru" facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to "c": d. Do you sell open containers or ready made cocktails? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to "d", the entire risk is PROHIBITED .	
15. Location of Premises: <input type="checkbox"/> Inside Corporate limits of city/village/town If no, how far outside (miles)?_____ a. On or near a college or university campus? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of college/university, and contact your company Underwriter for prior approval: _____ b. On or near a military base or installation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of military base/installation, and contact your company Underwriter for prior approval: _____	
ANNUAL GROSS RECEIPTS:	
	<u>Food</u> <u>Beverage</u> <u>Package</u> <u>Other</u> (describe)
16. Policy Year (estimated)	\$_____ \$_____ \$_____ \$_____
Last Year (actual)	\$_____ \$_____ \$_____ \$_____
Are beverage sales limited to beer/wine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Liquor receipts as a percentage of total receipts: Policy Year (est.) _____% Last Year (actual) _____%	
VIOLATIONS/CLAIMS EXPERIENCE:	
17. Has liquor license ever been suspended or revoked? <input type="checkbox"/> Yes (give details in remarks) <input type="checkbox"/> No	
18. Within the past three years has applicant received any violations, fines or citations from local law enforcement, liquor control board, department of health or sanitation, bureau of ATF or other local, state or federal agencies? <input type="checkbox"/> Yes (give details in remarks) <input type="checkbox"/> No	
19. Has any company cancelled or refused coverage during the past three years? <input type="checkbox"/> Yes (give details in remarks) <input type="checkbox"/> No	
20. Any claims made in the past three years? <input type="checkbox"/> Yes (give details in remarks) <input type="checkbox"/> No a. If yes above, any claims arising out of assault with a weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes above, two or more claims arising out of customers and their automobiles? <input type="checkbox"/> Yes <input type="checkbox"/> No c. If yes above, three or more in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No Details of claim(s): _____	
21. Previous Insurance Carriers (name of carrier, policy numbers, years of coverage): Previous term: _____ Next previous term: _____ Next previous term: _____	

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SECURITY/ALCOHOL AWARENESS:

22. Any security present: Yes No If Yes, Describe: _____

23. Are security persons, including bouncers:

- a. Employees, independent service, on/off duty police? (describe) _____
- b. If other than employees, are Certificates of Insurance obtained: Yes No
- c. Is Security: Armed Unarmed
- d. Is conflict avoidance training provided for security staff: Yes No

Number of employed: Security: _____ Bar Tenders: _____ Wait Persons: _____ Liquor Servers: _____

24. Number of police calls within the last year _____

25. Are ALL patrons' IDs checked? Yes No Describe ID verification procedures: _____

26. Alcohol Awareness Program (TIPS, Learn 2 Serve, etc.) provided for ALL liquor servers, bar and wait staff?

Yes No

Please list several key aspects of your awareness program (ex. drink count / documentation / alert bartender – manager, etc.): _____

27. Are identified intoxicated patrons offered: Coffee/Food? Yes No Taxi Cab Home? Yes No

ADDITIONAL INSURED:

28. If risk is tenant occupied is the owner of the premises required to be named as an additional insured?

Yes No

If yes, please provide the following information:

Name: _____ Address: _____

REMARKS:

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL

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).

Applicable in KS

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 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

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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.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: 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).

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email