

Liquor Liability Warranty Application Bar/Restaurant Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses or violations in the past five years. If there is a loss or violation history, please complete the entire application.

Applicant's name: _____

Location address: _____ Same as mailing address.

City: _____ State: _____ Zip: _____

Web address: _____

Number of locations to be insured: _____ (complete one application per location)

Description of operations:

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What year did the applicant start business at this location? _____

How many years experience does applicant have owning or managing this type of operation? _____

Food Sales	Alcohol Sales-On Premises Consumption	Alcohol Sales-Off Premises Consumption	Other Receipts (Describe)
\$	\$	\$	\$

Each Common Cause Limit: \$ _____ Aggregate Limit: \$ _____

What is the latest hour of operation? _____ AM PM 24 hours

What time does the sale of alcohol cease? _____ AM PM 24 hours

Does the applicant feature any entertainment? Yes No

If yes, check all of the following types that apply:

Adult entertainment/Exotic dancing Number of times per week ____ or per year ____

Bands (3 or more members, excluding jazz bands) Number of times per week ____ or per year ____

DJ with dancing Number of times per week ____ or per year ____

Banquet entertainment by applicant or lessee Number of times per week ____ or per year ____

Does the applicant ever employ bouncers, security or doorpersons? Yes No

Are all alcohol-serving employees certified in a Formal Alcohol Training Course not mandated by the state? Yes No

Does the establishment attract a predominantly youthful clientele ranging from 21-25 years of age? Yes No

Does the establishment utilize an identification scanner on all patrons regardless of age? Yes No

Is BYOB (bring your own bottle) permitted for other than banquet operations? Yes No

If yes, complete the following:

What is the maximum occupancy of the establishment? _____

What percentage of patrons brings their own bottle? less than 50% 50% or more

Does the applicant offer on-premises tasting or sampling of alcoholic beverages in conjunction with any retail operation? Yes No

Additional Insureds:

Name	Relationship/Interest	Address	City, State, Zip

II. GENERAL ELIGIBILITY CRITERIA SECTION - COMPLETE FOR ALL APPLICANTS

1. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months? Yes No

2. Will the applicant maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol? Yes No

3. Is the applicant affiliated with a national franchise operation? Yes No

4. Does the applicant ever sell or serve alcohol away from the premises? Yes No

If Off-Premises coverage is desired, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP-APP, to this submission.

5. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No

6. Does or will the applicant ever offer:
- a. Bottle service or set-ups? Yes No
 - b. Drink specials/happy hours past 9:00 pm? Yes No
 - c. Beer pong or other drinking games? Yes No
 - d. More than two complimentary drinks per patron per day? Yes No
 - e. All you can drink" specials or other offers involving unlimited alcoholic beverages? Yes No
7. What is the lowest price offered for beer including happy hours and specials? _____
8. What is the lowest price offered for liquor or wine including happy hours and specials? _____
9. Are patrons under the legal drinking age permitted on the premises? Yes No
10. Are patrons under the legal drinking age permitted on the premises past 11:00 pm? Yes No
11. Has the applicant had any reported liquor liability and/or assault or battery claims or notification of potential liquor liability and/or assault or battery claims at this location within the past five years? Yes No
- If yes, provide the following information on each claim:
- Date(s): _____
- Description(s): _____
- Total incurred losses (reserves and payments): _____
- Status: _____
- Measures in place to prevent future incidents: _____
12. Does the applicant have knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? Yes No
- If yes, provide the following information on each fine or citation:
- Date(s): _____
- Description(s): _____
- Measures in place to prevent future violations: _____
13. Is the applicant requesting Liquor Liability limits greater than the General Liability limits carried? Yes No
- As a condition of coverage, General Liability limits must be maintained at limits equal to or greater than Liquor Liability limits.*
14. Within the past five years, has the applicant's Liquor Liability coverage been cancelled or non-renewed? Yes No
- If yes, explain: _____

III. COMPLETE ALL APPLICABLE SECTIONS

A. RESTAURANTS OR BARS WITH BANQUET OPERATIONS:

Note: If operation is strictly a banquet hall, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP- APP, to this submission.

15. a. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? Yes No
- b. If persons serving alcohol are not the applicant or its authorized employees or members, are they required to carry Liquor Liability insurance with limits equal to or greater than limits covered under applicant's liquor policy, and name applicant as an additional insured? Yes No

B. FINE DINING ESTABLISHMENTS:

16. a. Is the average entrée price greater than \$20.00? Yes No
- b. Is the average bottle of wine price greater than \$30.00? Yes No
- c. Is the number of bottles on the wine list greater than 10? Yes No

C. NON-PROFIT PRIVATE, FRATERNAL OR SOCIAL CLUBS:

17. a. Is the applicant a non-profit private, fraternal or social club? Yes No
- b. Are same day memberships available? Yes No
- c. Are members permitted to bring more than 3 guests per day (excluding banquet activities and immediate family members)? Yes No
- d. Is self-service of alcohol by members permitted? Yes No
- e. Are any single drinks sold for less than \$.50? Yes No
- f. Is BYOB (bring your own bottle) permitted for banquet operations only? Yes No
- g. *Minnesota risks only.* Does applicant's liquor license restrict service to club members and legitimate guests? Yes No

D. BRING YOUR OWN BOTTLE (BYOB) RESTAURANTS:

18. a. Does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons? Yes No
b. Are patrons permitted to bring hard alcohol on the premises? Yes No

E. ON-PREMISES TASTING OF ALCOHOL:

19. a. Is eight ounces the maximum amount of complimentary samples permitted for any one patron per day? Yes No
b. If someone other than the applicant's employees is serving the samples, are they required to carry their own Liquor Liability insurance at limits equal to or greater than the applicant's? Yes No

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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.

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

New York Fraud Statement: 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: WARNING: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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 a crime and may be subject to fines and confinement in prison.

IV. ADDITIONAL APPLICANT INFORMATION

Form of business: Individual Corporation Partnership LLC Other _____

Applicant's mailing address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

Email address of primary contact: _____

Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Audit contact name: _____ Telephone/E-mail address: _____

Applicant's signature: _____ Title: _____ Date: _____

(Owner, Officer or Partner)

(Required)

(Required)

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License#: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____