



Liquor Liability Application
This is a warranty application

- Quote
Renewal
New Business

- Liquor Store
Restaurant

Instructions: All questions MUST be answered, if they answer to any question is none, state "none". Application must be signed and dated by owner, partner or officer. Read carefully the statements at the end of this application.

Agency _____ Producer _____ (_____) _____
Number Telephone

Address _____ Street _____ City _____ State _____ Zip _____

Policy Period: from ____/____/____ 12:01 am to ____/____/____ 12:01 am
Mo Day Year Mo Day Year

Applicant is: Individual Partnership Corporation

Attach a list of all owners' or partners' names, addresses and percentage of ownership.

Applicant's Name _____ Doing Business As _____
(exact name on license)

Mailing Address _____ Street _____ City _____ State _____ Zip _____

What is the population of the town in which the risk is located? _____ Experience in this business: ____ years

Applicant's Business Is: _____ at this location: ____ years

UNDERWRITING INFORMATION

Limit of Liability: Bodily Injury \$ _____ each person \$ _____ Each Occurrence
Property Damage \$ _____ each occurrence
Means of Support \$ _____ (DRAM ONLY)

- 1. In the past five (5) years, has legal action been brought against the restaurant/liquor store or its employees alleging liability resulting from the serving of alcohol ... Yes No
If yes, on separate sheet please describe the status of each action and circumstances leading to the action, including dates.
2. In the past five (5) years, have any incidents taken place for which to your knowledge the restaurant or its employees may possibly be accused of liquor liability but for which legal action has not yet been brought? ... Yes No
If yes, on a separate paper please describe the incident(s), including dates.
3. In the past five (5) years, has the restaurant/liquor store been found guilty of violating state or local laws, ordinances or regulations? ... Yes No
If yes, describe the violation(s) and subsequent corrective actions taken by the restaurant/liquor store, including dates.
4. In the past five (5) years, has a state or local liquor authority taken disciplinary action against the restaurant/liquor store or its employees? ... Yes No
If yes, on separate paper please explain, including dates.

5. Has applicant previously purchased liquor liability from an insurance company?..... Yes No

If yes, please complete the following:

Insurance Company: _____

Policy #: _____ Policy Period: _____

Premium Amount: _____ Coverage Limits: _____

Deductible Amount: _____

Name of Premises Owners: _____

Part of Premises occupied by applicant: _____

Mailing Address _____
Street City State Zip

Location if other than mailing address: _____
Street City State Zip

Within Corporate Limits:..... Yes No

Is Certificate of Insurance Required? Yes No

If yes, give name and address: _____

This insured premises will close: before after 2:00 am (3:00 am Sunday) during the Policy Period.

Operating hours from _____ am to _____ pm. Late hours license for special holidays?..... Yes No

Please attach any additional information that would assist us in underwriting this risk.

Gross Annual Receipts (sales):

Food \$ _____ Alcoholic beverages consumed on premises \$ _____

Package Sales \$ _____ Other \$ _____ Total: \$ _____

Liquor License Number _____ Estimated daily alcoholic sales \$ _____

Only beer or wine? Yes No What is the price of: \$ _____ draught beer?

Is draught beer served? Yes No \$ _____ wine?

\$ _____ bottled beer?

\$ _____ house whisky?

Seating Capacity: Restaurant _____ Bar _____

Does insured sponsor any athletic teams, charitable events or bus trips to sporting events? Yes No

Number of pool tables: _____ Number of amusement devices: _____ What kind? _____

Is dancing permitted? Yes No Does location have a dance floor? Yes No If yes, square feet: _____

Live Entertainment:

Number of days per week? _____

Piano or Organ..... Yes No

Does the risk employ security personnel?..... Yes No

Band Yes No

Armed? Yes No

Floor Show Yes No

Public disturbances or fights in last 3 years? Yes No

Were Police called? Yes No

Does applicant allow customers to run up bar tab or charge alcohol with credit cards?..... Yes No

Clientele:

Approximate Age 18-21 21-30 30-45 45 +
% arriving by automobile: less than 25 25-50 50-75 75-100
Income level of avg. patron: Low Middle Upper

Will premises be used for special occasions such as wedding, parties, bingo or other like occasions? Yes No

If yes, how often and explain: _____

Has the applicant ever done business under other names or addresses? _____

Does the applicant allow outside catering? Yes No

If yes, what type and how often? _____

Number of employees: _____ How many liquor serving employees? _____

Do employees who serve alcohol participate in any special training in techniques of alcohol management or in an Alcohol Awareness Training Program? Yes No

If yes, identify the program _____

How many employees are currently certified after successfully completing an Alcohol Awareness Program? _____

Has the manager(s) successfully completed an Alcohol Awareness Program? Yes No
Manager(s) Certified? Yes No

Does risk encourage the "Designated Driver Program", in which one member of the party refrains from alcoholic beverages? Yes No

Does risk have happy hours? Yes No

If yes, from _____ to _____ and number of days a week? _____

----- **NOTE TO THE APPLICANT** -----

Warranties:

APPLICATION MUST BE SIGNED BY INSURED

I/We warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/WE agree that such policy shall be null and void if such information is false or misleading, or would materially affect acceptance of the risk by the company.

I/WE hereby authorize release of claim information from any prior insurers or their general agent.

I/WE agree to submit records for audit by the company upon termination or expiration of this policy for the determination of actual gross receipts during the period of coverage, if requested.

Signature of Applicant*: _____
(Must be owner, partner or officer)

Title: _____ Date: _____

****Signing this application does not bind the Applicant or the Company to complete the insurance.***

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Insured-Applicant; that a completed copy hereof has been given to the Insured-Applicant; and that I am retaining a duplicate signed copy hereof.

Signature of Producing Agent: _____ Date: _____

Name of CPA/Accountant/Bookkeeper: _____ Phone: _____

Address: _____

IMPORTANT: Attach to application copy(s) of management's written policy on alcoholic serving practices.