

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

LIQUOR LIABILITY APPLICATION

TO BE COMPLETED IN ADDITION TO ACORD APPLICATION OR ITS EQUIVALENT

All questions must be answered in full. If necessary, attach a separate sheet of paper with complete details.

Application must be signed and dated by the applicant.

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Applicant's Phone Number: _____

Web Address: _____

Inspection Contact: _____

Proposed Policy Period: _____ to _____ Phone Number for Inspection Contact: _____

Applicant is: Individual Partnership Corporation Joint Venture Other _____

1. Type of establishment:

- Restaurant Hotel Restaurant (type of cuisine) _____
- Bar or Tavern
- Package Store Convenience Store Grocery Store
- Catering (Complete A079 Off Premises Liquor Liability Application in lieu of this Application)
- Banquet Hall (Complete A083 Banquet Hall Liquor Liability Application in lieu of this Application)
- Social Club (Complete A084 Social Club Liquor Liability Application in lieu of this Application)
- Other _____

2. Sales:

Restaurant/Hotel Restaurant:

Alcohol \$ _____ Food \$ _____ Catering \$ _____ Cover Charge \$ _____ Other \$ _____

All Other Types of Establishments:

Alcohol \$ _____ Food \$ _____ Catering \$ _____ Cover Charge \$ _____ Other \$ _____

3. Years in business? _____ Years at this location? _____

4. Liquor License #: _____ State: _____ License Type: On Premises Off Premises Both

License issued to Named Insured? Yes No

If no, name on license: _____

5. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your license suspended? Yes No

If yes, provide details: _____

6. Does the establishment have a separate bar area? Yes No

a. Maximum capacity of restaurant area: _____

b. Maximum capacity of bar area: _____

7. Business days and hours: _____

Last alcoholic beverages served at what time: _____

8. Type of Clientele: Locals Area Workers Tourists College Other: _____

Age (% of total): 25 and under: _____% 26-30: _____% 30-40: _____% Over 40: _____%

9. Estimated percentage of customers that live in the neighborhood and walk-in: _____%
10. Distance to nearest College or University: _____
11. Indicate all premises entertainment or amusement devices: (check all that apply)

<input type="checkbox"/>	Bands (3 or more individuals)	<input type="checkbox"/>	Bowling Lanes
<input type="checkbox"/>	Burlesque/Nudity	<input type="checkbox"/>	Electronic Video Games
<input type="checkbox"/>	Piano Bar	<input type="checkbox"/>	Dinner Theater
<input type="checkbox"/>	Karaoke	<input type="checkbox"/>	Disc Jockey
<input type="checkbox"/>	Open Mic	<input type="checkbox"/>	Standup Comedy
<input type="checkbox"/>	Juke Box	<input type="checkbox"/>	Mechanical Bull
<input type="checkbox"/>		<input type="checkbox"/>	Talent Night
<input type="checkbox"/>		<input type="checkbox"/>	Sports Courts
<input type="checkbox"/>		<input type="checkbox"/>	Basketball
<input type="checkbox"/>		<input type="checkbox"/>	Volleyball
<input type="checkbox"/>		<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	Pool Table
<input type="checkbox"/>		<input type="checkbox"/>	Shuffleboard
<input type="checkbox"/>		<input type="checkbox"/>	Darts

- a. Is there a dance floor? Yes No
If yes, size/square footage: _____
- b. Live performances on premises? Yes No
If yes, how often? _____ Any coverage charge? Yes No
- c. Other entertainment activities? Yes No
If yes, describe: _____
12. Do you sponsor any on/off-site special events, activities or contests (e.g., beer garden at local fair)? Yes No
If yes, provide details. _____
13. Do you participate as a vendor at any special events or contests? (If yes, provide details) Yes No

14. Number of Bartenders: Full-Time _____ Part-Time _____
Number of Servers: Full-Time _____ Part-Time _____
15. Have all bartenders and servers participated in a recognized server training program? Yes No
- a. Type of course? _____
- b. How often required? _____
- c. If in-house training, does person performing training have certification for training the course? Yes No Not Applicable
16. Are employees or others permitted to consume alcohol during their hours of employment or service? Yes No
17. Describe procedures to identify underage patrons? _____
18. Describe procedures in place in the event a patron becomes intoxicated: _____
19. Do you have Happy Hours, drink specials or drink promotions? Yes No
If yes, how many days per week are they offered? _____
What is the maximum length of time in which they are offered? _____
Any Happy Hours, drink specials or drink promotions offered before 7:00am or after 9:00pm? Yes No
If yes, provide details: _____
20. Are guests ever allowed to mix their own drinks or serve themselves? Yes No
21. Any on-premises BYOB/Corkage Service? Yes No
If yes, annual corkage fees: _____

22. Are bouncers or security professionals ever employed?..... Yes No
 If yes, is security armed? Yes No
 Provide details: _____
23. Any firearms kept on premises? Yes No

Claims Information

24. Describe all claims or incidents of injury/damage, including any loss payments, resulting from liquor liability in the last five years from the date of completion of this questionnaire or attach hard copy loss runs:

Limit of Liability

25. Select Limit of Liability for Liquor Liability (You may only select one option)

	Each Common Cause	Aggregate
<input type="checkbox"/>	\$100,000	\$100,000
<input type="checkbox"/>	\$100,000	\$200,000
<input type="checkbox"/>	\$300,000	\$300,000
<input type="checkbox"/>	\$300,000	\$600,000
<input type="checkbox"/>	\$500,000	\$500,000
<input type="checkbox"/>	\$500,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$2,000,000

26. Optional Coverage – Assault or Battery (You may only select one option)

	Each Event	Aggregate
<input type="checkbox"/>	\$25,000	\$50,000
<input type="checkbox"/>	\$50,000	\$100,000
<input type="checkbox"/>	\$100,000	\$100,000
<input type="checkbox"/>	\$300,000	\$300,000

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*), fines and confinement in prison (For Alabama add: *or any combination thereof*).

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

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.

Florida

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.

District of Columbia

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.

Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Minnesota

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey

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

New Mexico

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 civil fines and criminal penalties.

New York

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

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

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.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date