

**LIQUOR LIABILITY APPLICATION**  
**Must be completed in full and signed by the applicant.**  
**Complete separate application for each location**  
**Attach 5 years loss runs when available**

Agency: _____	
Contact person: _____	
Address: _____	
Telephone (Voice): _____	Fax: _____

Effective Date Requested \_\_\_\_\_

New     Renewal of Policy Number \_\_\_\_\_

1. Name of applicant (show all names including legal and dba) \_\_\_\_\_  
 \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ County: \_\_\_\_\_

3. Location Address \_\_\_\_\_  
 Number of Stories \_\_\_\_\_ Any Patrons on other Floors:    Yes     No

What are other floors used for? \_\_\_\_\_  
 Automatic Sprinklers?    Yes     No     Central Station Fire Alarm?    Yes     No   
 Other Floor Capacity? \_\_\_\_\_ Describe other floor exits: \_\_\_\_\_

4. Website Address \_\_\_\_\_

5. Name and phone number of Contact Person \_\_\_\_\_

6. The applicant is:  
 Individual     Partnership     Corporation    Other (describe) \_\_\_\_\_

7. Does applicant have a valid liquor license?     Yes     No  
 If yes, name on license? \_\_\_\_\_ License #: \_\_\_\_\_

8. Previous liquor liability carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Limits: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

9. Name of General Liability Insurance Company: \_\_\_\_\_  
 Policy limits:    Occurrence: \_\_\_\_\_    General Aggregate: \_\_\_\_\_    Expiration date: \_\_\_\_\_  
 Does GL Policy exclude Assault & Battery?     Yes     No

10. Liquor Limits Desired:    Each Common Cause: \_\_\_\_\_    Aggregate: \_\_\_\_\_

11. Within the past 5 years, has applicant's liquor coverage been cancelled or nonrenewed?     Yes     No  
 If yes, explain: \_\_\_\_\_

12. Has your liquor license ever been suspended or revoked?     Yes     No  
 If yes, explain: \_\_\_\_\_

13. Has the applicant or any owner, officer or partner filed bankruptcy in the last 5 years?     Yes     No

14. Violations: Within the last 5 years, has applicant been fined or cited for violations related to illegal activities or the sale or service of alcohol?     Yes     No  
 If yes, provide details and dates of citations \_\_\_\_\_

15. Claims:

a) Within the last 5 years, has the applicant had any reported liquor liability claims or notification of potential liquor liability claims?  Yes  No  
 If yes, provide date(s), description of claim(s) and status: \_\_\_\_\_

b) Within the past 5 years, has the applicant had any reported assault & battery claims or notification of potential claims related to assault & battery?  Yes  No  
 If yes, provide date(s), description of claim(s) and status: \_\_\_\_\_

16. Are all alcohol serving employees certified in a formal alcohol training course?  Yes  No  
 If yes, provide name of course (e.g., TIPS, TAM, RAMP, BEST, etc.) \_\_\_\_\_

17. Type of business (**check all that apply**):

Bar/tavern       Retail//Convenience       Gas       No Gas

Bowling alley       Billiard/pool hall       Restaurant       Country Club

Casino       Concessionaire       Adult night club or bar       Catering/Banquet Hall

Off-premises caterer       Private Club      Members Only?  Yes       No

Music Venue       Other (describe) \_\_\_\_\_

18. How long has current owner been in business at this location? \_\_\_\_\_ If five years or less, describe prior experience \_\_\_\_\_

19. How many days per week is Location open? \_\_\_\_\_

20. Hours of operation:    Mon-Thurs \_\_\_\_\_    Fri \_\_\_\_\_    Sat \_\_\_\_\_    Sun \_\_\_\_\_

21. What hours is a Regular Full-Time Manager on Duty? \_\_\_\_\_

How many years has Manager worked at this establishment? \_\_\_\_\_ If five years or less, describe prior experience \_\_\_\_\_

22. a)	Gross annual receipts	<b>Past 12 Months</b>	<b>Next 12 Months</b>
	Food	\$ _____	\$ _____
	Alcohol	\$ _____	\$ _____
	Other (describe)	\$ _____	\$ _____
	Total	\$ _____	\$ _____

b) If applicant engages in the sale of alcoholic beverage for on-premise & off-premise consumption, provide receipts for each.

		<b>On Premise</b>	<b>Off Premise</b>
	Food	\$ _____	\$ _____
	Alcohol	\$ _____	\$ _____
	Total	\$ _____	\$ _____

23. What is the distance to other establishments serving alcohol? \_\_\_\_\_

24. Are employees permitted to consume alcohol during their hours of employment?  Yes  No

25. What is the average age of the waitstaff? \_\_\_\_\_

26. What is the distance to the nearest college campus? \_\_\_\_\_  
 Does your operation target College Students?  Yes  No

27. What is the distance to nearest college or professional stadium? \_\_\_\_\_

28. What is the average age of patrons?  Under 21     21-25     26-30     31-40     41+  
 (Please check all that apply)

29. Does applicant offer:

- Happy Hours or other Promotional events?  Yes\*  No
- Multiple drink incentives (i.e., 2 for 1s, every 3<sup>rd</sup> drink is free, etc.?)  Yes\*  No
- Drink specials before 4 p.m. and/or after 7 p.m.?  Yes\*  No
- Complimentary drinks or "all you can drink" specials?  Yes\*  No
- Are drinks larger than 16 ounces served?  Yes\*  No
- Are bar surfaces, tables or floors ever covered with alcoholic beverages and ignited?  Yes  No
- Are flaming or ignited drinks served?  Yes  No

\* If yes, describe type of drink(s), prices and time(s) offered \_\_\_\_\_

What is the average cost of beer? Bottle \_\_\_\_\_ Draft \_\_\_\_\_  
 What is the average cost of wine? Glass \_\_\_\_\_ Bottle \_\_\_\_\_  
 What is the average cost of house whiskey? \_\_\_\_\_

30. Does applicant permit "BYOB" (bring your own bottle) or set-ups?  Yes  No

If yes, explain \_\_\_\_\_

31. Seating Capacity in dining room \_\_\_\_\_ bar area \_\_\_\_\_

Have you ever been cited or fined for overcrowding?  Yes  No

32. If alcohol sales equal or exceed food receipts, are persons under the legal drinking age allowed on premises after 10 p.m.?  Yes  No

If no, describe how this is enforced \_\_\_\_\_

33. Does Insured maintain firearms on premises?  Yes  No

34. Are bouncers or doorpersons employed?  Yes  No

35. Are Security Guards employed?  Yes  No

If yes: Armed?  Yes  No Off Duty Police?  Yes  No

Are background checks done on the security staff?  Yes  No

36. Does applicant feature any entertainment or other promotional events?  Yes  No

If yes: How often?  0-12 times per year  1-3 times per week  
 13-51 times per year  4+ times per week

Is there a Cover Charge?  Yes  No If yes, how much? \_\_\_\_\_

Entertainment is:

- DJ  Jukebox  Karaoke  Solo vocalist  Foam Party
- Band  Comedy Club  Adult entertainment/exotic dancing\*

\* Number of dancers? \_\_\_\_\_

Stage/floor show or contests (describe): \_\_\_\_\_

Amateur nights? (describe) \_\_\_\_\_

Other promotional event (describe): \_\_\_\_\_

Describe type of music:

- Top 40s/pop  Classic rock  Soft rock  Alternative  Country
- Jazz  R&B  Rap  Other \_\_\_\_\_

Is dancing permitted?  Yes  No If yes, square footage \_\_\_\_\_

Any raised or elevated dancing areas?  Yes  No

If yes describe: \_\_\_\_\_

37. How many of the following amusement devices are on premises?

Electronic/Video Game

Pinball Machine

Darts

Football, Table Hockey, etc.

Pool Table

Mechanical Bull

Gaming/Gambling

Other (describe) \_\_\_\_\_

38. Are facilities available for banquets, receptions, weddings, private affairs?

Yes

No

If yes, how many functions are handled annually? \_\_\_\_\_

Describe types: \_\_\_\_\_

Describe who is dispensing the alcohol: \_\_\_\_\_

39. Is there an established procedure for handling violent or disruptive patrons?

Yes

No

If yes, include a copy: \_\_\_\_\_

40. Do you provide 3<sup>rd</sup> Party transportation i.e. cabs? \_\_\_\_\_

41. Are any actions taken to prevent obviously intoxicated persons from driving?

Yes

No

If yes, describe: \_\_\_\_\_

42. What steps are taken to avoid serving alcohol to persons under age? \_\_\_\_\_

**Additional explanation of any response. Indicate question number.**

**FRAUD STATEMENT:** Any person who knowingly and with the 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.

**WARRANTIES:** 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 in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent. I/we warrant that premises liability coverage will be maintained at limits at least equal to the liquor liability limits during the entire term of the liquor policy. I/we agreed 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, officer or partner)

**Title**

\_\_\_\_\_  
(Required)

**Date**

\_\_\_\_\_  
(Required)

\*Signing this application does not require the insurer to issue a policy of insurance or require the applicant to accept the insurance offered.

\*\*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**

\_\_\_\_\_  
(Required)