

# LIQUOR LIABILITY APPLICATION

(Complete a Separate Application for each location)

1. Name of Applicant(include dba): \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Location Address: \_\_\_\_\_
4. Applicant is:     Individual     Partnership     Corporation     LLC     Other  
 If other, explain: \_\_\_\_\_
5. Location is:     Bar or Tavern     Caterer     Country Club     Mini Mart without Gas  
 Mini Mart with Gas     Motel/Hotel     Package Store     Private Club  
 Restaurant     Special Event (short term)     Sports Bar  
 Supermarket or Grocery Store     Other (explain): \_\_\_\_\_  
**(Note: If more than one of the above applies at this location then "x" each applicable box)**
6. If private club, indicate type (be specific) and purpose: \_\_\_\_\_

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7. Type(s) of Liquor License?     On Sale     Off Sale  
 Beer     Wine     Liquor
8. Show Hours and Days of Operation: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_
9. Show Receipts:    Estimated Next 12 Months    Last 12 Months  
 a. Alcoholic Beverages    \_\_\_\_\_  
 b. Food    \_\_\_\_\_  
 c. Other    \_\_\_\_\_
10. Indicate type of area where you are located:     Commercial (Non-Industrial)     Downtown     Industrial  
 Residential     Resort     Rural     Suburban
11. Do you have any of the following?     Athletic Contests or Events     Bouncers     Comedy Shows  
 Dance Floor     Dart Board     Disc Jockey     Doorman  
 Exotic Dancers     ID Checkers     Live Music     Mechanical Rides  
 Movies or Videos     Pinball Machines     Pool Tables     Shuffleboard  
 Security Guards (employees)     Video Games     Nude Dancers or Nude Reviews  
 Security Guards\*(independent)     Firearms on premises  
 \*Do independent contractors carry liability insurance and provide certificates?     Yes     No  
 If you x'd any of above boxes, explain in detail (be specific about type of music provided, etc.): \_\_\_\_\_

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- Night Clubs (or any risk where entertainment is a primary function) is only written on a claims made form.**
12. Do you sponsor or provide any of the following?     Double for single prices     Free Alcoholic Drinks  
 Ladies Night     2 for 1 drinks     Singles Night     Drink Specials
13. Percent of patrons arriving and departing by automobile? \_\_\_\_\_%
14. Maximum number of employees (including owners and managers) on duty at any one time? \_\_\_\_\_
15. Maximum capacity of premises allowed by law? \_\_\_\_\_
16. Maximum number of patrons on premises at any one time? \_\_\_\_\_
17. Average number of patrons on premises at any one time? \_\_\_\_\_
18. Predominate age range of patrons?     21 - 35     26 - 35     Over 35
19. Do you allow anyone under 21 on your premises?     Yes     No  
 If yes, explain \_\_\_\_\_

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- 20a. Have you or this establishment ever been charged, cited or fined by ABC commission or other governmental regulator?     Yes     No    If yes, explain \_\_\_\_\_

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- 20b. Have you or this establishment ever had its alcohol beverage license suspended or revoked?     Yes     No
- 20c. Number of bartenders? \_\_\_\_\_    Number of other employees serving alcoholic beverages? \_\_\_\_\_

20d. Does this establishment have an alcohol awareness training program for the prevention of alcohol abuse?

Yes  No

If yes, complete the following:

1. Are all servers trained within sixty (60) days of employment?

Yes  No

2. Do you provide written policies and procedures to employees regarding minimum service to minors and intoxicated persons?

3. Name of awareness program: \_\_\_\_\_

4. Do you provide free rides home to intoxicated patrons?

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

21. Prior Insurance/Loss History:

Show liquor liability insurer(s) for past three (3) years:

Year	Insurance Company	Limits	Policy Number

Have you had any liquor liability claims (insured or uninsured) in the past three (3) years?

Yes  No

If yes, list them below:

Year	Description of Loss	Amount Paid or Reserved

22. Show insurer, policy term and limits for general liability coverage (limits must equal or be greater than the liquor liability limits) \_\_\_\_\_

23. Was your last liability coverage on a claims made coverage form?  Yes  No Is this application for claims made form?  Yes  No If yes, is Prior Acts Coverage desired?  Yes  No If yes, attach a copy of current declarations page showing retroactive date.

24. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application?  Yes  No If yes, explain in detail including name of injured party and date of incident: \_\_\_\_\_

Requested limits (in thousands)  100/100  100/300  300/300  500/500  Other \_\_\_\_\_  
 Requested \*Deductible  \$500  \$1,000  \$2,500  \$5,000

\*Deductible applies per claim including defense expense for claims.

Requested policy term: \_\_\_\_\_ to \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone # \_\_\_\_\_

**The Claims Made Liquor Liability form only provides coverage for "injury" which occurs after the retroactive date (and which you had no knowledge of prior to the effective date of this policy) shown in the policy (see #23 of this application) and reported (in writing) to the insurance company during the coverage period of this policy and I fully understand this limitation.**

**I declare that the above statements and particulars are true and that no fact have been suppressed or misstated and that this application form is recognized to be the basis of any policy of insurance which may be issued by the Company. The completion of this application does not bind the company to sell, and the misstatements of facts may void your coverage.**

**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.**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_