

**Liquor Liability Application**

(COMPLETE IN ADDITION TO GENERAL LIABILITY APPLICATION)

Applicant's Name	_____
Mailing Address	_____ _____ _____
Location #1	_____
Complete a separate application for each location.	

Agent Name	_____
Address	_____ _____ _____

PROPOSED EFFECTIVE DATE:

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

LIMITS OF LIABILITY REQUESTED			
Each Common Cause		Aggregate	
\$	'000	\$	'000

PLEASE ANSWER ALL QUESTIONS

1. Type of risk:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> Bar/Tavern             | <input type="checkbox"/> Catering Service                 | <input type="checkbox"/> Special Event Vendor |
| <input type="checkbox"/> Package Store             | <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Liquor Manufacturer/Microbrewery |   |
| <input type="checkbox"/> Night Clubs               | <input type="checkbox"/> Comedy Clubs           | <input type="checkbox"/> Gentlemen's/Strip Clubs          | <input type="checkbox"/> Casino               |
| <input type="checkbox"/> Wholesaler/Distributor    | <input type="checkbox"/> Other (Describe) _____ |   |   |

2. Type of ownership:     Corporation     Individual     Partnership     Other

3. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your liquor license suspended? .....  Yes  No  
 If Yes, when and why? \_\_\_\_\_

4. Name on liquor license \_\_\_\_\_ Type of liquor license \_\_\_\_\_

5. Square foot area of establishment \_\_\_\_\_ (Maximum Occupancy) \_\_\_\_\_

6. Premises within city limits? .....  Yes  No

7. Have all servers been through any server training (tips, tops)? .....  Yes  No

Type of course \_\_\_\_\_

How often required? \_\_\_\_\_ Ride home policy? .....  Yes  No

8. Number of servers \_\_\_\_\_

9. How often does manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? \_\_\_\_\_

10. Procedures in place regulating the sale of alcohol to minors or those under the influence? .....  Yes  No

If Yes, describe: \_\_\_\_\_

How is age of customer verified? \_\_\_\_\_

11. Type of clientele:     Area Residents     Area Workers     Tourists     College     Other \_\_\_\_\_

12. Percent of clientele:    Under 25 \_\_\_\_%    25-30 \_\_\_\_%    Over 30 \_\_\_\_%

13. Type of area:     Industrial or Commercial     Residential     Rural     Other \_\_\_\_\_

Located on or near college campus? .....  Yes  No

14. How many years has applicant been in business? \_\_\_\_\_
15. How many years has applicant been at this location? \_\_\_\_\_
16. How many days per week is location open? \_\_\_\_\_
17. What time does location close? \_\_\_\_\_ Hours of serving? \_\_\_\_\_
18. Is there a cover charge? .....  Yes  No  
 If Yes, what is the amount? \$ \_\_\_\_\_
19. Do you have "Happy Hour" or 2-for-1 drink specials? .....  Yes  No  
 Is last call announced? .....  Yes  No  
 Are customers allowed more than one drink at last call? .....  Yes  No
20. Are patrons allowed to BYOB (Bring Your Own Booze)? .....  Yes  No
21. Security Activities:  
 Bouncers       Doorman       Off Duty Police  
 Contracted Security Firms:       inside       outside       armed       unarmed  
 Any firearms kept or carried on the premises? .....  Yes  No
22. Types of entertainment activities:  
 Live Entertainment      Type and how often? \_\_\_\_\_  
 DJ       Dance Floor Size \_\_\_\_\_       Juke Box  
 Pool Table(s)      Number: \_\_\_\_\_  
 Electronic Games      Type: \_\_\_\_\_  
 Mechanical Devices      Type: \_\_\_\_\_  
 Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.), \_\_\_\_\_  
 Special Promotions       Yes  No      If Yes, describe \_\_\_\_\_
23. Estimated liquor receipts: \$ \_\_\_\_\_ Other receipts: \$ \_\_\_\_\_
24. Percent of receipts for on-premises consumption: \_\_\_\_\_ %
25. Percent of receipts for off-premises consumption: \_\_\_\_\_ %
26. Estimated food receipts: \$ \_\_\_\_\_
27. Percentage of liquor receipts to total receipts: \_\_\_\_\_ %
28. Prior carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_
29. Has applicant had any claims? .....  Yes  No  
 If Yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
30. SPECIAL EVENTS: (if GL also being written with liquor, include Special Event Application.)
- ? Type and purpose of event \_\_\_\_\_
- ? Describe entertainment if provided for event \_\_\_\_\_
- ? Location of event (provide diagram of area when possible) \_\_\_\_\_
- ? Attach a brochure/flyer; advertisement if available.
- ? Hours of event \_\_\_\_\_ Daily attendance \_\_\_\_\_ Number of days \_\_\_\_\_
- ? is alcohol being served in a controlled or fenced off area? \_\_\_\_\_
- ? Can alcohol be consumed away from the area where served? \_\_\_\_\_
- ? Can alcohol be brought in by attendees? \_\_\_\_\_
- ? Who will check ID's and when? \_\_\_\_\_
- ? After ID's are checked, are wrist bands used or hand stamps? \_\_\_\_\_

? Will there be professional bartenders? \_\_\_\_\_  Yes  No

If so, how many? \_\_\_\_\_

? Is the applicant the sole vendor of alcohol? \_\_\_\_\_  Yes  No

If not, are all vendors required to carry liquor coverage? \_\_\_\_\_  Yes  No

31. Manufacturer:

Tours of Facility? \_\_\_\_\_  Yes  No

Free Samples given? \_\_\_\_\_  Yes  No

If Yes, how is quantity controlled? \_\_\_\_\_

\_\_\_\_\_

32. Distributor:

Any Sponsored Events? \_\_\_\_\_  Yes  No

If Yes, describe: \_\_\_\_\_

Policy for giving away alcoholic beverages by Sponsor? \_\_\_\_\_  Yes  No

If Yes, describe: \_\_\_\_\_

\_\_\_\_\_

33. Caterers:

Are clients/guests allowed to mix their own drinks? \_\_\_\_\_  Yes  No

Does caterer provide liquor or just bartending service? \_\_\_\_\_  Yes  No

APPLICABLE IN THE STATE OF 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.

FRAUD WARNING

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.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

\_\_\_\_\_  
Named Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producing Agent Signature

\_\_\_\_\_  
Date

Agent Name \_\_\_\_\_