

## Liquor Liability

1. Agency Code: \_\_\_\_\_ Agency: \_\_\_\_\_  
 2. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web site: \_\_\_\_\_  
 3. Producer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 4. Assistant: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Application courtesy of <http://www.insurance-applications.com>**

### **General Information:**

5. Business Name (dba): \_\_\_\_\_  
 6. Legal Name: \_\_\_\_\_ Years In Business: \_\_\_\_\_  
 7. Name of Liquor License (if different from Applicant): \_\_\_\_\_  
 8. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 9. Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 10. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 11. Email Address: \_\_\_\_\_ Web site: \_\_\_\_\_  
 12. Type of Entity:  Individual  Partnership  Joint Venture  Corporation  Other: \_\_\_\_\_  
 13. Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Need By Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Description of Operations & Exposures:**

14. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **Prior Carrier Information:**

Carrier	Premium	Policy Number	Effective Date
15. _____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____

### **Claim, Loss & Incident Information:**

No losses, claims or incidents:

Date of Loss	Description of Loss	Amt of Claim or Loss*	Date Valued	Open or Closed?
16. ____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____

\* Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

17. Company Loss Run:  Attached  Has been requested and will be available prior to binding.  
 Has been requested but won't be available until after binding.  Is not available

### **Violation Information:**

18. Has applicant EVER had a liquor license suspended, revoked or refused, or paid a fine to any regulatory agency for a violation of any law concerning the sale, service or distribution of alcohol?  Yes  No  
 If yes, please explain: \_\_\_\_\_

19. Has applicant had any liquor liability claims or incidents reported at any location (insured or not) in the past 5 years?  
 Yes  No If yes, please explain: \_\_\_\_\_

**Patronage:**

- 20. Estimated annual liquor sales for the coming year? \$ \_\_\_\_\_
- 21. Actual liquor sales for the previous policy year? \$ \_\_\_\_\_  
 Food receipts \$ \_\_\_\_\_ Cover Charge receipts \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_
- 22. Establishment is a:  Restaurant  Tavern/Bar  Night Club  Hotel/Motel  
 Package/Convenience Store (sales for off-premise consumption only) \_\_\_\_\_ Private Club \_\_\_\_\_  
 Caterer \_\_\_\_\_ Wholesaler/Distributor \_\_\_\_\_ Winery \_\_\_\_\_ Brewpub \_\_\_\_\_
- 23. Hours of operation Sun-Thur: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_
- 24. Are minors EVER allowed on the premises?  Yes  No  
 If yes, please explain: \_\_\_\_\_

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- 25. Is premises within three miles of any college campus?  Yes  No  
 If yes, which one and how far? \_\_\_\_\_
- 27. Are any sports teams sponsored?  Yes  No  
 If so, which sports? \_\_\_\_\_
- 28. Average age of clientele?  21-30  30-40  Over 40
- 29. Are patrons EVER allowed to bring in outside alcoholic beverages?  Yes  No
- 30. Are patrons allowed to drink more than one drink at last call?  Yes  No

**Employees:**

- 31. Number of employees? Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_
- 32. Does applicant require formal, industry recognized and certifiable professional training (such as TIPS, TAMS, TOPS) of all alcohol servers?  Yes  No
- 33. Number of Full Time bartenders: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Number of Full Time servers: \_\_\_\_\_ Part Time: \_\_\_\_\_
- 34. Any bouncers or security personnel?  Yes  No  
 Number of bouncers/security personnel employed Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Number contracted: \_\_\_\_\_ Off duty police: \_\_\_\_\_ Uniformed police: \_\_\_\_\_  
 Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_  
 If security is contracted, do you require proof of liability coverage?  Yes  No  
 Are you an additional insured on that policy?  Yes  No
- 35. Are weapons EVER allowed or kept on the premises?  Yes  No
- 36. Is staff required to have any CPR and/or First Aid Training?  Yes  No  
 Is training provided by employer?  Yes  No

**Premises Exposures:**

- 37. Is there live entertainment on site?  Yes  No  
 Band  Yes  No Type: (rock, country, jazz, disco, rap, other) \_\_\_\_\_  
 DJ  Yes  No Comedy  Yes  No  
 Topless/nude dancers?  Yes  No
- 38. Is there a dance floor?  Yes  No If yes, how many square feet? \_\_\_\_\_  
 Total area of customer access (sq. ft.): \_\_\_\_\_
- 39. How many pool tables: \_\_\_\_\_ video games: \_\_\_\_\_ TV's \_\_\_\_\_  
 other mechanical devices (if any): \_\_\_\_\_ describe: \_\_\_\_\_
- 40. Does applicant ever sponsor any promotions such as happy hours, ladies nights, or any customer participation events?  Yes  No IF yes, explain: \_\_\_\_\_

**Premises Exposures:**

- 41. Are procedures in place for handling intoxicated (or believed to be intoxicated) patrons?  Yes  No  
Explain: \_\_\_\_\_
- 42. Procedure for verifying legal age of all customers?  Yes  No  
Explain: \_\_\_\_\_
- 43. Please fully describe any special events on or off premises: \_\_\_\_\_
- 44. Seating capacity: \_\_\_\_\_ inside ? \_\_\_\_\_ outside ?

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- 45. Number of exits? \_\_\_\_\_ Are all lighted?  Yes  No  
Do all doors have panic bars?  Yes  No  
Is there emergency lighting at all entry and exits?  Yes  No  
Is the building sprinklered?  Yes  No
- 46. Does applicant provide any gaming devices or services?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- 47. Please describe any food preparation exposure: \_\_\_\_\_  
\_\_\_\_\_
- If any grease cooking, do you have an automatic fire suppression system?  Yes  No  
Date of last service: \_\_\_\_\_

**Limits of Liability**

- 47. Limits desired:  \$1,000,000  \$2,000,000  \$3,000,000

**READ AND SIGN BELOW:**

*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 mis-stated. 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.*

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED  
PRIOR TO COVERAGE BEING BOUND**

**Marketing Information:**

Do you currently control this account? \_\_\_\_\_ Have you inspected and do you recommend this account? \_\_\_\_\_  
Price and terms needed to write the account? \_\_\_\_\_  
Is this a firm order at those price and terms? \_\_\_\_\_ Signature of Producer: \_\_\_\_\_