

APPLICATION FOR LIQUOR LIABILITY AND GENERAL LIABILITY INSURANCE

Centrex Liquor/General Liability Program (fields in red are required)

1. Type of Application: New Renewal Expiring Policy #s: Need quote for: Liquor Liability only General Liability & Liquor Liability	Surplus Lines Producer: City/State: Contact:
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2. Need quote by:	Desired Policy Period	From:	To:
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3. Liquor Limit requested:	\$50k/\$50k	\$100k/\$100k	\$200k/\$200k	\$300k/\$300k	\$500k/\$500k	\$1 Mil/\$1 Mil	\$1 Mil/\$2 Mil
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4. Name of Applicant (show all names including legal and dba names):			
Mailing Address:			
City:	State:		ZIP:
Telephone #:	Applicant's total years of experience in this business:		

5. Name of Location to be Insured:			
Location Street Address:			
Location City:		Location State:	
Location ZIP:		Location ZIP:	
# of Locations to be Insured:	Telephone #:	Website:	
NOTE: Only One location per application. For multiple Retail Stores, use the Centrex Retail Store Application with the Multi Location Supplement			

6. Is this a new purchase or new venture? Yes No		If no, Applicant's years in business at this Location:	
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7. If coverage is bound, it will cover only the designated Insured Location(s) which will be subject to inspection and audit.	
Contact person for inspection/audit:	Telephone #:
Email address:	

8. Form of business:	Individual	Joint Venture	Partnership	Corporation	Limited Liability Company	Other:
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9. Does Applicant have a License to sell alcoholic beverages? Yes No
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10. Type of Customers (most applicable):	Families	College Students	Business/Professional	Military	Blue Collar	Other:
Average age of customers:	Under 21	21-25	26-35	36-45	46+	
Does the Applicant allow customers under 21 on the premises after 10:00 p.m.? Yes No						
Percentage of customers who arrive/depart by car/truck: %						
Do college students frequent the Applicant's establishment? Yes No If yes, what % do they comprise of the Applicant's evening clientele? %						

11. Description of Operations (check ALL operations that are applicable):		
Bar/Tavern (may serve food)	Night Club/Cabaret	Adult Entertainment
Package Store (retail)	Convenience/Grocery Store	Billiard/Pool Hall
Comedy Club	Dance Hall/Ballroom	Bowling Alley
Catering/Banquets/Hall Rental – Total Sq. Footage (required):	(Attach Hall Rental/Caterers Supplement)	
Beverage Distributor (wholesale)		
Hotel/Motel		
Private Club; specify type (American Legion, VFW, Country Club, etc.):	Total Sq. Footage (required):	
Restaurant; specify type (American, Chinese, Italian, Seafood, etc.):		
Other: describe:		

12. Does Applicant dispense or provide alcoholic beverages for off-premises events? Yes No	If yes, Must complete Special Events Application. (GL <u>not</u> available for Special Events)
Does Applicant have any Catering/Banquet Hall/Hall Rental Operations? Yes No	If yes, Must complete Hall Rental/Caterers Supplement.
Within the past 5 years, has the applicant had any Assault & Battery Claims? Yes No	If yes, Must attach a separate sheet explaining each claim.

13. Does the Applicant have any of the following?	
Yes No	- Pool Tables If yes, number of Pool Tables:
Yes No	- Gambling Machines
Yes No	- Mechanical Riding Machines
Yes No	- Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If yes, please describe:

14. Does Applicant have entertainment? Yes No		If yes, check ALL that are applicable below:	
Juke Box	DJ; # of days per week:	Karaoke; # of days per week:	Solo musician/vocalist; # of days per week:
Exotic/go-go dancers/adult entertainment		Stage/floor show or contests; describe:	
Live Band; # of days per week:		Other; describe:	
If the Applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed? Yes No			
Type of music:	Top 40	Country	Classic Rock & Roll
	Soft Rock	Jazz	Alternative
	Rap	R&B	Disco
	Other:		

15. Is dancing allowed? Yes No	If yes, # of days per week:	Size of dance floor:	square feet
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16. Lowest Beer price offered, not including happy hour or other promotions (check only one):	\$1-\$2.99	\$3-\$4.99	\$5+
Lowest Liquor/Wine price offered, not including happy hour/promotions (check only one):	\$1-\$2.99	\$3-\$5.99	\$6+
Any consumption promotions such as happy hour, ladies night, etc.?	Yes	No	If yes: # of days per week:
Do consumption promotions last longer than three hours or end later than 8 p.m.?	Yes	No	If yes, when do promotions end?:
Are alcohol discounts cheaper than 50% off or 2 for 1?	Yes	No	If yes, explain:

17.	Is there a college or university within a 3-mile radius of the Applicant's premises? Yes No	
	If yes, give name:	
18.	Is the Applicant open four days or fewer per week? Yes No	
	Does the Applicant open for business at 7 p.m. or later? Yes No	
	Does the Applicant close later than 2 a.m.? Yes No	If yes, what is the latest time closing time? a.m
	Is this a seasonal operation? Yes No	If yes, what are the dates of operation? to
19.	Does the Applicant use bouncers/I.D. checkers or security personnel? Yes No If yes, how many are used during peak periods?	
20.	Within the past 5 years, has Applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? Yes No If yes, # of times: Explain:	
21.	Does the Applicant require all alcohol serving or selling employees be certified by a formal alcohol-awareness training program? Yes No If yes, give the name of the training program (BEST, RAMP, TIPS, TAM, etc.):	
22.	Operations (Answers are required):	
	Yes No	Does the Applicant have procedures in place to regulate the sale of alcohol to intoxicated customers and to minors?
	Yes No	Are the Applicant's employees required to check age identification of customers who appear to be under the age of 25?
	No Yes	Does the Applicant allow customers to order more than one drink at last call?
	No Yes	Does the Applicant allow employees or independent contractors to consume alcohol on the premises while on the job?
	No Yes	Does the Applicant have a drive-through operation for the sale of alcohol?
	No Yes	Does the Applicant allow customers to BYOB (Bring Your Own Bottle)?
23.	Provide Applicant's annual sales for food and all alcoholic beverages (liquor, beer, and wine) below:	
	Alcohol Sales for	Alcohol
	On-Premises Consumption	Take-Out Sales
		Food Sales
		* Other Sales
		Total Sales
	Next 12 months	
	Past 12 months	
	*Describe other sales:	
	If there are on-premises and take-out alcohol sales, does the Applicant keep separate sales records for on-premises and take-out alcohol sales? Yes No	
24.	Does Applicant carry General Liability insurance? Yes No	If yes, effective from: to
	Insurer:	Limits: Assault & Battery Excluded? Yes No
25.	Does Applicant currently carry Liquor Liability Insurance? Yes No	Expiration date: Package Policy Monoline Policy
	Insurer:	Limits: \$ Premium: \$ Assault & Battery Excluded? Yes No
	Except for Kentucky and Missouri risks, has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years? Yes No If yes, explain:	
26.	In the past 5 years, has the Applicant or any owner, partner, member, officer or licensee had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not? Yes No If yes, how many claims or incidents? Give details below:	
	Date of Incident	Date of Claim
	Amount Paid	Amount Reserved
		Status (Open/Closed)
		Description of Incident/Claim
A		
B		
C		
27.	Is coverage needed for Additional Insureds: A-None B-Lessor/Property Manager C-Vendor D-Franchisor Vendors Only-product type:	
	Name/Address/Interest:	
	Name/Address/Interest:	
	Name/Address/Interest:	
General Liability Section (to be completed only if GL coverage is requested)		
GL limit requested:	\$300,000/\$600,000	\$500,000/\$1,000,000 \$1,000,000/\$2,000,000
1.	Do you own the building? Yes No If yes, is any part of your location rented to others? Yes No	
	a. If yes, what is the occupancy of the tenant(s)?	Apartments Retail/Other
	b. If apartments, how many units are rented to others?	If Retail/Other, what is the square footage occupied by the tenant(s)?
2.	Are exits clearly marked and unobstructed? Yes No	
3.	Is cooking performed? Yes No If yes, is there an operational Ansul system? Yes No	
4.	Is there a service agreement in place for cleaning the surfaces and ducts of the extinguishing system? Yes No	
5.	Are there any firearms or weapons kept on premises? Yes No Policy will contain an endorsement excluding coverage for firearms and weapons.	
6.	Is parking performed by a valet contracted service? Yes No	
	If yes, are certificates of insurance obtained and is the applicant named as an Additional Insured? Yes No	
7.	In the past 3 years, has the applicant had any GL claims or incidents that might give rise to such a claim, whether insured or not? Yes No If yes, please provide details:	
	Date of Incident	Date of Claim
	Amount Paid	Amount Reserved
		Status (Open/Closed)
		Description of Incident/Claim
A		
B		
C		

General Liability Section (continued)

8.	Does applicant package and sell food under their own label?	Yes	No			
9.	Are records kept on food suppliers?	Yes	No			
10.	Does applicant provide Worker's Compensation coverage for employees?	Yes	No			
11.	Does applicant lease employees?	Yes	No	If yes, does the lease employer provide Worker's Compensation coverage?	Yes	No
12.	Does applicant hire any contracted security service?	Yes	No	If yes, are certificates of insurance obtained and the applicant named as an additional insured?	Yes	No

State Fraud Warnings – By State

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 claiming with regard to a settlement or award payable for 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 insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Hawaii:

"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

Kentucky:

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

Louisiana or West Virginia:

"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 fines and confinement in prison."

Maine:

"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 denial of insurance benefits."

Maryland:

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison."

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 \$5,000 and the stated value of the claim for each such violation."

Ohio:

"Any person who, with intent to defraud or knowing that he/she 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."

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."

Tennessee or Virginia or 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 include imprisonment, fines and denial of insurance benefits."

For All other States:

NOTICE: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

BY SIGNING THIS APPLICATION, THE APPLICANT: (1) certifies that the information contained in this application is true and accurate to the best of his/her knowledge and belief; and (2) acknowledges that the information contained herein will be the basis upon which the Insurer may issue a Liquor Liability policy to the Applicant; and (3) acknowledges that if the Insurer issues a Liquor Liability policy and if any information contained herein is misleading or false, the Insurer may have the right to rescind the policy which may be issued pursuant to this application. The signing of this application does not bind the Insurer to provide the insurance. It is mutually understood and agreed by the Insurer and the Applicant that any inspection of the premises is made solely for the use and benefit of the Insurer, and is not to be relied upon by the Applicant in any way; and (4) authorizes the Insurer and its authorized representative, Centrex Underwriters, Inc., to obtain the following information from the state and/or other liquor authority licensing or regulating this establishment: all violations, consumer complaints and disciplinary actions on record with the state and/or other authority licensing or regulating this establishment in the past five years.

Signature of Applicant

Title:

Date:

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency:

City:

State:

Telephone #:

Retail Agency Signature:

Date