

## SHORT FORM RENEWAL APPLICATION FOR LIQUOR LIABILITY AND/OR GENERAL LIABILITY INSURANCE

**Centrex Liquor Liability and General Liability Programs** (fields in red are required)

EXPIRING CENTREX LIQUOR LIABILITY POLICY NUMBER:

EXPIRATION DATE:

EXPIRING CENTREX GENERAL LIABILITY POLICY NUMBER:

EXPIRATION DATE:

**If your business has not changed in the past year, this Short Form Renewal Application is for you!**

Before completing this application, please confirm that the following have not changed in the past year: the type or description of your business operations, the type or average age of your customers, the percent of your customers who arrive and depart by car, your closing time, dancing and/or size of dance floor, the type or frequency of entertainment, alcohol promotions (happy hour, ladies night, etc.), closing times, the type of your liquor license, locations added, closed or moved, professional trade association membership, seating capacity, your mailing address, additional insured information, drive-thru alcohol sales, # of bouncers, ownership of the building, cooking services, functioning Ansul system, service agreement for cleaning the extinguishing system, weapons on site, valet services, selling packaged food, records on food suppliers, Worker's Compensation coverages, security service, or any other similar type of change.

**APPLICANT'S SIGNATURE BELOW CONFIRMS NO CHANGES IN THE ABOVE UNLESS  
A SEPARATE SHEET IS ATTACHED EXPLAINING ALL CHANGES IN THE PAST YEAR.**

(IF ANY CATERING OR HALL RENTAL OPERATIONS, PLEASE ATTACH THE HALL RENTAL/CATERERS SUPPLEMENT)

**Liquor and General Liability Section (complete for all renewal applications)**

1) Provide Applicant's estimated annual receipts for food, off-premise catering and other sales below:

Food receipts:	\$
Off-premise catering receipts:	\$
On-Premises alcohol consumption (restaurant, bar, club, etc.) receipts:	\$
Off-Premises take out (package, convenience/grocery store, etc.) alcohol receipts:	\$
Other sales:*	\$
* Describe other sales:	

**Liquor Liability Section (complete if requesting liquor liability renewal; this application cannot be used for new Liquor policies)**

The Limit of Liability offered will be the same as in the expiring policy unless indicated here: \$

1) Name of Applicant:

2) Is any training provided for bartenders and waiters/waitresses in the handling of minors and intoxicated customers? Yes    No

If Yes, describe:

Is such training required of all bartenders & servers? Yes    No      If No, what % had training: %

Does applicant have any drink promotions / happy hours? Yes    No      If Yes, explain:

3) In the past 5 years, has 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? Provide details below.

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A						
B						
C						

4) In the past 5 years, has Applicant been fined or cited or had a liquor license revoked or suspended for any violations of a law or ordinance related to the sale of alcohol (after hours sales, sales to a minor, etc.)? Yes    No      If Yes, how many times:  
Explain:

5) If General Liability Insurance is not provided by Centrex, please provide:      Effective dates of coverage:      to

Insurer:      Limits: \$      / \$      Assault & Battery excluded? Yes    No

6) 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 (complete if requesting General Liability renewal; this application cannot be used for new GL policies)**

The Limit of Liability offered will be the same as in the expiring policy unless indicated here: \$

- 1) For Catering/Banquets/Hall Rental/Private Club operations, provide total square footage:  
 2) 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						

BY SIGNING THIS RENEWAL 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; (2) acknowledges that the information contained herein will be the basis upon which the insurer may issue Liquor Liability And General Liability policies to the Applicant; (3) acknowledges that such policy issued pursuant to this application shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the insurer. If any information on the application is found to be inaccurate, the Applicant agrees that the premium may be increased from inception to reflect any incremental risk; (4) agrees to submit Applicant's records for audit by the insurer upon cancellation or expiration of the policy for the determination of actual alcohol receipts during the coverage period and to promptly remit payment of any resulting additional premium due; (5) authorizes the insurer to release any pending or closed claims information applicable to the policy; (6) acknowledges that the signing of this application does not bind the insurer to provide the insurance; (7) acknowledges that any inspection of the premises is made solely for the use and benefit of the insurer; and (8) authorizes the insurer or 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

SIGNATURE OF INSURED/APPLICANT

TITLE

DATE

The undersigned Retail Agent 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.

Signature of Retail Agent:

Date:

Retail Agency:

City/State:

**WARNING:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR WHO CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.