

LIQUOR LIABILITY

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Address of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
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<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

E. Business Activities

1. Person providing accounting and tax services:

a. Name: _____

b. Address: _____

2. Name liquor license is in: _____

3. Liquor license number: _____ Class of license: _____

4. Square Footage of tavern, club, store, or restaurant: _____

5. Building construction type: _____

6. Does a parking lot adjoin the premises? Yes No

If yes, how many parking stalls: _____

7. Payroll breakdown:

Operations payroll	\$ _____
Office and clerical	\$ _____
Executive and management	\$ _____
Other - explain	\$ _____

8. Total gross annual receipts for all business operations: \$ _____

9. Total gross annual receipt from liquor liability sales: \$ _____

a. On-premises consumption \$ _____ %

b. Package sales \$ _____ %

10. Months your business is open: _____ to _____

11. Do you have a formal safety program in operation? Yes No

12. Are all premises and operations inspected or certified by any outside third party? Yes No

If yes, please complete the following:

a. Local agency Yes No Name: _____

b. State agency Yes No Name: _____

c. Federal agency Yes No Name: _____

d. Private agency Yes No Name: _____

Use additional paper if necessary.

13. Please provide the name of the local law enforcement agency responsible in your area:

14. What is your estimate of the percentage of patrons arriving or departing by automobile? _____ %

15. Would your company agree to participate in a sponsored Risk Management and Loss Control programs if such were offered in your area? Yes No

16. Do you serve any food on the premises during business hours? Yes No

- a. If yes, provide annual gross receipts from food sales: \$ _____
- b. Do you provide (other than beer) a:
 - i. Happy Hour? Yes No If yes, how often? _____
 - ii. Ladies Night? Yes No If yes, how often? _____
 - iii. Two for One Night? Yes No If yes, how often? _____

- 17. Do your state liquor laws limit liability to beer served "on premises only"? Yes No
- 18. Is your liquor license restricted to beer and wine only? Yes No

19. How many hours per week are you open for business? # _____

20. What are your normal business hours (show AM or PM hours)?

a. Open for business: _____

b. Business closed: _____

- 21. Do you rent any portion of your premises to others? Yes No

If yes, explain to whom and what percentage: _____

22. Please classify which best fits the nature of your business operations:

- | | | |
|---|--|---|
| <input type="checkbox"/> Tavern | <input type="checkbox"/> Caterers | <input type="checkbox"/> Country Club |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Distribution only | <input type="checkbox"/> Private Club |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Package Store with no premises consumption | <input type="checkbox"/> Beer and Wine retail sales only | <input type="checkbox"/> Night club with live music |

List others: _____

23. Note names of any partners, key employees, and principal owners involved in the business:

NAME	TITLE	YEARS WITH FIRM

24. At what time and location are IDs checked (check all that apply)?

- At front door By bartender By waitress By club membership card
- Other—explain: _____

25. Average age of patrons: 21 to 25 25 to 30 30 to 40 over 40

26. What other steps, if any, are taken to prevent unauthorized sale of liquor? _____

- 27. Are rules and regulations about the consumption and denial of further sales clearly displayed for patrons' viewing? Yes No

28. What type of alcohol awareness training is provided to:

- a. Bartender _____
- b. Doorman _____
- c. Security Personnel _____
- d. Waitress _____

e. Manager _____

f. Other—explain: _____

29. What percentage of your employees have been certified of qualified by a special alcohol servers awareness class, i.e., DWI alternatives; Tips; I'm Smart member classes; Health Educators Foundation alcohol servers class; or other similar recognized employee alcohol server training program? _____ %

30. Are patrons permitted to carry alcoholic beverages onto the premises? Yes No

31. Has applicant ever been fined by the alcoholic beverage control, licensing, or other regulatory governmental agency? Yes No

If yes, please explain: _____

32. Is there a limit on the quantity of alcoholic beverages purchased at one time? Yes No

33. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No

Explain _____

34. Is there any type of designated driver program in effect? Yes No

Explain _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____ Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name