

LIQUOR LIABILITY APPLICATION
(To be attached to ACORD General Liability application)

PLEASE ANSWER ALL QUESTIONS

NAME OF APPLICANT:

Mailing Address:

Location #: Complete a separate application for each location

Web site Address:

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

1. Type of risk:

<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Convenience/Grocery Store	<input type="checkbox"/> Gentlemen's/Strip Clubs (Prohibited)
<input type="checkbox"/> Casino	<input type="checkbox"/> Drive-through Daiquiri Shop	<input type="checkbox"/> Liquor Manufacturer/Microbrewery
<input type="checkbox"/> Catering Service	<input type="checkbox"/> Package Store	<input type="checkbox"/> Wholesaler/Distributor
<input type="checkbox"/> Comedy Clubs	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Gun Clubs or Lodges (Prohibited)
<input type="checkbox"/> Night Clubs	<input type="checkbox"/> Fraternal Clubs (Prohibited)	<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. Do servers work on a commission or tips only basis? Yes No
10. Is owner / manager actively involved in the day to day operations?..... Yes No
11. How often does manager review liquor liability laws with employees (including penalties for serving intoxicated customers)?
12. 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?
13. Type of clientele: Area Residents Area Workers Tourists College Other:
14. Percent of clientele: Under 25 % 25-30 % Over 30 %

15. Type of area: Industrial or Commercial Residential Rural Other
 Located on or near college campus?..... Yes No
16. How many years has applicant been in business?
17. How many years has applicant been at this location?
18. How many days per week is location open?
19. What time does location close? Hours of serving?
20. Is there a cover charge? Yes No
 If yes, what is the amount? \$_____
21. Do you have "Happy Hour" or 2-for-1 drink specials?..... Yes No
 How many hours does "Happy Hour" last? Is last call announced? Yes No
 Are customers allowed more than one drink at last call? Yes No
22. Are patrons allowed to BYOB (Bring Your Own Booze)? Yes No
 If yes, and corkage fee is charged, what are estimated receipts from corkage: \$_____
23. Security Activities:
 Bouncers Doorman Off-Duty Police
 Contracted Security Firms: Inside Outside Armed Unarmed
 Any firearms kept or carried on the premises? Yes No
 Do any personnel receive security training? Yes No
 If yes, describe security training program and indicate personnel receiving security training:
24. 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:
25. Estimated liquor receipts: \$_____ Other receipts: \$_____
26. Percent of receipts for on-premises consumption: %
27. Percent of receipts for off-premises consumption: %
28. Estimated food receipts: \$_____
29. Percentage of liquor receipts to total food and liquor receipts: %
30. Prior carrier: Prior Premium: \$_____
31. Has applicant had any claims or occurrences that may give rise to claims? Yes No
 If yes, give details:
32. Manufacturer:
 Tours of Facility? Yes No
 Free samples given? Yes No
 If yes, how is quantity controlled?
33. Distributor:
 Any sponsored events? Yes No
 If yes, describe:
 Policy for giving away alcoholic beverages by Sponsor? Yes No
 If yes, describe:

34. Caterers:

Are clients/guests allowed to mix their own drinks? Yes No
Does caterer provide liquor or bartending service? Yes No

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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.

Signature Information:

Named Insured's Signature: _____

Date:

Producing Agent's Signature: _____

Date: