



Date: _____
Agency Name: _____

LIQUOR LAW LIABILITY APPLICATION

1. Applicant's Full Legal Name: _____

2. Limit of Liability Desired:
 \$100,000 \$250,000 \$300,000
 \$500,000 \$1,000,000

3. Is an Additional Insured needed? Yes No
If "Yes", name is: _____
Address is: _____
Describe Insurable Interest: _____

4. Type of Liquor License: _____
License Number: _____

5. Type of Establishment:
 Bar Only Coffee Shop Disco Bowling Center
 Pizza Parlor Membership Club Grocer/Beer Store
 Liquor Store Manufacturer Fast Food
 Restaurant with sit down bar for customer; # of stools _____
 Restaurant with service bar for waiters/waitresses only
 Other
Type of alcohol served: Beer Wine Liquor
Caterer: _____ % of Operation

6. Does applicant feature any Entertainment? Yes No
If "Yes", how often? _____
► Entertainment is:
 DJ Jukebox Karaoke Solo Vocalist
 Band Comedy Club Adult Entertainment/Exotic Dancing
 Stage/Floor Show or Contests (Describe): _____
► Is dancing permitted? Yes No
► Is there a dance floor? Yes No
Any amusement devices:
 Pool Table Video Games Pinball Machines
 Foosball Darts

7. Are facilities available for banquets, receptions or private affairs? Yes No
If "Yes", how many functions are handled annually? _____
Describe types: _____
Is liquor served? By whom? _____
Is liquor brought in? _____

8. Clientele: Local Residents Families Retirement Community
 College Students Seasonal Residents Members Only
Approximate age mix of customers:
_____ % 21-25 years _____ % 26-35 years _____ % 36-50 years _____ % 51 & over



9. **Management:**

- a. Is the principal owner active in the business? Yes No
- b. Describe owner's hours and responsibilities:

- c. How many years experience has applicant had at this location? _____
- At a previous location? _____

10. **General Information**

- a. Opening and closing hours: Opens: _____ Closes: _____
- If seasonal, dates of operation: _____

- b. Seating capacity in:
- Restaurant Bar Banquet Facility

- c. Number of bartenders: _____
- Do you have a bouncer? Yes No
- Do you have:
- | | | |
|----------------------------|------------------------------|-----------------------------|
| Happy Hours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ladies Night | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Free Food | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ½ Price | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specials | | |
| Any other drink promotions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "Yes", describe: _____

11. **Insurance History:**

- a. Previous liquor liability insurer (give full name of company) _____
- Policy #: _____ Policy Term: _____
- b. Within the past 5 years, has applicant's liquor coverage been cancelled or non-renewed?
- Yes No
- If "Yes", explain: _____
- _____

12. **Violations:** Within the past 5 years, has the applicant been fined or cited for a violation of a law or ordinance related to illegal activities or the sale of alcohol? Yes No
- If "Yes", provide date(s) and details of citation(s): _____
- _____

Has the insured's liquor license ever been suspended or revoked? Yes No

If "Yes", provide date(s) and details: _____

13. **Claims:**

- a. Within the past 5 years, has the applicant had any reported liquor liability claims or notification of potential liquor liability claims? Yes No
- If "Yes", provide date(s), description(s) and status: _____
- _____

- b. Within the past 5 years, has the applicant had any reported assault & battery claims or notification of potential claims related to assault & battery? Yes No
- If "Yes", provide date(s), description(s) and status: _____
- _____



14. Within the past 5 years, has applicant's liquor coverage been cancelled or non-renewed? Yes No
If "Yes", explain: _____

15. Annual Gross Sales
Alcoholic Beverage Sales \$ _____
Food Sales \$ _____

Catering Operations
Food \$ _____
Alcoholic Beverage \$ _____
Other (list) \$ _____
Total \$ _____

16. What specific training has been given to employees in serving/controlling alcoholic beverages? (e.g. Tips)
When was the training given? _____

17. What are the procedures for training new employees who will have duties in serving/controlling liquor for consumption?

18. What are the procedures for dealing with intoxicated customers? Any "Designated Driver" program in place? This procedure should address the potential for personal injury claims.

19. What procedures are in effect for avoiding the serving of alcoholic beverages to minors? Are Ids checked?

Fraud Statement: Any person who knowingly and with the 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.

Signature of Insured Date