

Liquor Liability Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name _____	
Mailing Address _____	
Location #: 1 _____	
Complete a separate application for each location.	

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
\$ _____,000	\$ _____,000

PLEASE ANSWER ALL QUESTIONS

1. Type of risk:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Catering Service | <input type="checkbox"/> Special Event Vendor |
| <input type="checkbox"/> Package Store | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Liquor Manufacturer/Microbrewery | |
| <input type="checkbox"/> Night Clubs | <input type="checkbox"/> Comedy Clubs | <input type="checkbox"/> Gentlemen's/Strip Clubs | <input type="checkbox"/> Casino |
| <input type="checkbox"/> Wholesaler/Distributor | <input type="checkbox"/> Other (Describe) _____ | | |

2. Type of ownership: Corporation Individual Partnership Others

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. How often does manager review liquor liability laws with employees (including penalties for serving intoxicated customers?)

10. 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? _____

11. Type of clientele: Area Resident Area Workers Tourists College Others _____

12. Percent of clientele: Under 25 _____% 25 - 30 _____% Over 30 _____%

13. Type of area: Industrial or Commercial Residential Rural Others _____

Located on or near college campus?..... Yes No

14. How many years has applicant been in business? _____
15. How many years has applicant been at this location? _____
16. How many days per week is location open? _____
17. What time does location close? _____ Hours of serving? _____
18. Is there a cover charge?..... Yes No
 If Yes, what is the amount? \$ _____
19. Do you have "Happy Hour" or 2-for-1 drink specials?..... Yes No
 Is last call announced?..... Yes No
 Are customers allowed more than one drink at last call?..... Yes No
20. Are patrons allowed to BYOB (Bring Your Own Booze)?..... Yes No

21. Security Activities
- Bouncers Doorman Off Duty Police
- Contracted Security Firms: inside outside armed unarmed
- Any firearms kept or carried on the premises?..... Yes No

22. 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 _____
23. Estimated liquor receipts: \$ _____ Other receipts: \$ _____
24. Percent of receipts for on-premises consumption: _____ %
25. Percent of receipts for off-premises consumption: _____ %
26. Estimated food receipts: \$ _____
27. Percent of liquor receipts to total receipts: _____ %
28. Prior Carrier: _____ Policy number: _____
29. Has applicant had any claims?..... Yes No
 If yes, give details: _____

30. SPECIAL EVENTS: (If GL also being written with liquor, include Special Event Application.)
- Type and purpose of event _____
- Describe entertainment if provided for event _____
- Location of event (provided diagram of area when possible) _____
- Attach a brochure / flyer; advertisement, if available. _____
- Hours of event _____ Daily attendance _____ Number of days _____
- Is alcohol being served in a controlled or fenced off area? _____
- Can alcohol be consumed away from the area where served? _____
- Can alcohol be brought in by attendees? _____
- Who will check ID's and when? _____
- After ID's are checked, are wristbands used or hand stamp? _____
- Will there be professional bartenders? _____
- If so, how many? _____
- Is the applicant the sole vendor of alcohol?..... Yes No
- If not, are all vendors required to carry liquor coverage?..... Yes No

31. Manufacturer:
 Tour of Facility?..... Yes No
 Free Samples given?..... Yes No
 If Yes, how is quantity controlled? _____
-
32. Distributor:
 Any Sponsored Events?..... Yes No
 If Yes, describe: _____
 Policy for giving away alcoholic beverages by Sponsor?..... Yes No
 If Yes, describe: _____
-
33. Caterers:
 Are clients/guests allowed to mix their own drinks?..... Yes No
 Does caterer provide liquor or just bartending service?..... Liquor Bartender Both

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 coverage.

Name Insured Signature	Date
Producing Agent Signature	Date