



LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
 Website Address: _____
 Name on Liquor License: _____ Type of License: _____
 License Number: _____ Expiration Date: _____
 Description of Operations: _____

Section II – General Information

1. How many years' experience does Applicant have owning or managing this type of operation? _____
2. Number of years establishment has been in business under current ownership: _____
3. How many years has Applicant been at this location? _____
4. Within the past five (5) years:
 - a. Has the Applicant's liquor liability coverage been cancelled or non-renewed? Yes No
 - b. Has Applicant's liquor license ever been suspended or revoked? Yes No
 - c. Has the Applicant ever filed for bankruptcy? Yes No

If YES to any above, please explain:

5. Please list locations to be insured:

Location	Street, City, State, Zip
Location 1	
Location 2	
Location 3	

6. Please provide estimated receipts for each location:

Location	Food	Liquor	Catering	Entertainment	Total
Location 1					
Location 2					
Location 3					

7. Business Description (Check all that apply.)

- Bar or Tavern
 Billiard/Pool Hall
 Bowling Alley
 Catering/Banquet Hall
 Comedy Club
 Hotel/Motel
 Country Club
 Dance Hall
 Microbrewery/Brew Pub
 Gentlemen's Club
 Night Club/Cabaret
 Restaurant
 Sports Bar
 Other: _____

8. Operating Hours:

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

9. What time does the sale or service of alcohol cease? _____

Section III – Risk Characteristics & Exposures

1. Area surrounding the premises. Check the most applicable:

- Downtown district Entertainment district Industrial Residential
 Suburban commercial Urban commercial Seasonal/resort Rural

2. Average age of clientele (check all that apply):

- 21 – 30 31 – 40 41 – 50 Over 50

3. Does the Applicant feature any entertainment?

Yes No

If YES, check all of the following types that apply:

- Disc Jockey # times per week _____ Solo Musician/Vocalist # times per week _____
 Karaoke # times per week _____ Band: # times per week _____
 Dinner Theater # times per week _____ Adult/Exotic Dancing # times per week _____
 Comedy Acts # times per week _____ Quiz/Trivia Night # times per week _____

a. Is dancing allowed on the premises?

Yes No

4. If the Applicant has bands or DJs as part of entertainment, please indicate type of music played:

- Top 40 Classic Rock & Roll Soft Rock R&B/Jazz
 Alternative Rap/Hip Hop Country Disco

a. Is dancing allowed on the premises?

Yes No

5. Does the Applicant have amusement devices available to clientele? (Check all that apply.)

Yes No

- Pool Tables Mechanical Bulls Dart Boards Video Games
 Rock Climbing Boxing/Wrestling Other: _____

6. Does or will the Applicant ever offer or allow:

- a. Any drink specials/happy hours? Yes No
b. Drink specials/happy hours lasting longer than three hours? Yes No
c. Drink specials/happy hours after 9 p.m.? Yes No
d. Single-drink servings larger than 24 ounces? Yes No
e. Complimentary drinks? Yes No
f. All-you-can-drink specials? Yes No
g. Drive-through operation for the sale of alcohol? Yes No
h. Alcohol to be brought in (BYOB)? Yes No

7. Number of employed:

Waiting Persons: _____ Liquor Servers: _____ Bartenders: _____

8. Seating Capacity:

Total Premises: _____ Dining Areas: _____ Bar Areas: _____

9. Average cost of beer/wine/mixed drinks:

Mixed Drinks: _____ Beer: _____ Wine Glass: _____ Wine Bottle: _____

10. Are facilities available for banquets, receptions or private affairs?

Yes No

If YES, please answer the following:

a. Number of times per week: _____ Number of times per year: _____

b. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present?

Yes No

c. If persons serving alcohol are not the applicant or its authorized employees or members, are they required to carry liquor liability insurance with limits equal to or greater than limits covered under Applicant's liquor policy and name Applicant as an additional insured?

Yes No

11. Is there a college or university within a 3-mile radius of the Applicant's premises?

Yes No

If YES, please provide name: _____

Section IV – Liquor Liability Controls

1. Are all alcohol-selling or -serving employees currently certified in a Formal Alcohol Training Course? Yes No
If YES, list the name of the formal training course: _____
2. Does Applicant have written policies for responsible alcohol service and ensure each employee understands these policies? Yes No
3. Does Applicant have written guidelines for checking IDs? Yes No
If YES, are driver's licenses or other means of identification scanned into a document retention system? Yes No
4. Does the Applicant use functional and operational surveillance cameras inside the establishment? Yes No
5. Does Applicant provide third-party transportation (e.g., cabs)? Yes No
6. Does the Applicant maintain incident logs documenting when a person was refused service or other alcohol-related events/incidents? Yes No
7. Are employees or other persons permitted to consume alcohol during their hours of employment or service? Yes No
8. Are patrons under the legal drinking age permitted on the premises? Yes No
If YES, are patrons under the legal drinking age permitted on the premises past 10 p.m.? Yes No
If NO, how is this enforced? _____

Section V – Life Safety & Security

1. Are bouncers, security or doorpersons ever employed? (Check all that apply.) Yes No
 Bouncers Doormen Off-Duty Police Contracted Security Firms
 Inside Outside Armed Unarmed
 If contracting Security Firms:
 a. Do you obtain a certificate of insurance? Yes No
 b. Name of security firm: _____
2. Are firearms or other weapons permitted or kept on premises? Yes No
3. Are there procedures for handling violent or disruptive patrons? Yes No
If YES, please describe:

4. Does Applicant currently carry General Liability insurance? Yes No
If YES, please list Insurance Carrier: _____
 Limits of Liability: \$ _____ Occurrence \$ _____ Aggregate
5. Is Assault & Battery excluded under the General Liability policy? Yes No

Section VI – Violations / Claims History

1. Is Applicant aware of any fines, violations or citations for sale or service of alcohol in past five years? Yes No
If YES, complete the following:

Date of Violation	Type of Violation	Action taken to prevent future violations

2. Has the Applicant had any reported liquor liability and/or assault or battery claims or notification of potential liquor liability and/or assault or battery claims at this location within the past five years? Yes No

Date of Violation	Type of Violation	Action taken to prevent future violations

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY