

# Liquor Liability Application

Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insured Type:      Individual                  Partnership                  Corporation                  LLC                  Other \_\_\_\_\_

Proposed Policy Term:                  From                  To                  Seasonal?                  Yes                  No

## Underwriting Information

Is This a New Venture?                  Yes                  No

Is the Risk Open for Business?                  Yes                  No

Operating Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>From:</b>							
<b>To:</b>							

Description of Operations:       Bar/Tavern       Restaurant       Private Club       Night Club  
 Convenience/Liquor Store       Other (Specify) \_\_\_\_\_

Portion of the Building Occupied by the Applicant? \_\_\_\_\_%Entire      \_\_\_\_\_%Grade Floor      \_\_\_\_\_%Other

How Long Has the Insured Been in Business at This Location? \_\_\_\_\_

What Are the Adjacent Exposures? \_\_\_\_\_

Total Area \_\_\_\_\_ Area of Restaurant \_\_\_\_\_ Area of Banquet Rooms \_\_\_\_\_

# of Apts \_\_\_\_\_ Total Sales \_\_\_\_\_ Total Food Sales \_\_\_\_\_

Total Liquor Sales \_\_\_\_\_ Other Sales \_\_\_\_\_

Athletic Events Sponsored?      Yes                  No      If Yes, Please Describe: \_\_\_\_\_

## Liquor Liability Section

Licensee Name: \_\_\_\_\_

Entertainment: Days per Week	Days per Week	Days Per Week
<input type="checkbox"/> DJ _____	<input type="checkbox"/> Topless _____	<input type="checkbox"/> Juke Box _____
<input type="checkbox"/> Band _____	<input type="checkbox"/> Dancing _____	<input type="checkbox"/> Pool Tables # _____
<input type="checkbox"/> Keno _____	<input type="checkbox"/> Karaoke _____	<input type="checkbox"/> Dart Boards # _____

Number of Alcohol Servers Employed \_\_\_\_\_ Number Who Are TIPS/TAMS Certified \_\_\_\_\_

Does the Applicant Hire or Utilize Bouncers?       Yes       No      If Yes, How Many? \_\_\_\_\_

Limits of Liability:

50/50  50/100  100/100  100/300  300/300  300/600  500/500  500/1MIL  1MIL/1MIL

**Individual Risk History**

Has the Establishment Been Cited for a Violation of Any Liquor Laws in the Past Five (5) Years?

Yes  No If Yes, Give Date & Details \_\_\_\_\_

Has Liquor Liability Coverage Ever Been Cancelled, Declined, Non-Renewed or Had a Lapse in Coverage?

Yes  No If Yes, Give Date and Details \_\_\_\_\_

Does Your Current Liquor Policy Exclude Assault or Battery?

Yes  No If No, What is the Current Assault or Battery Limit? \_\_\_\_\_

Does Your Current General Liability Policy Exclude Assault or Battery?

Yes  No If No, What is the Current Assault or Battery Limit? \_\_\_\_\_

Prior Liquor Liability Carrier Information (Please Give Detailed History, Including Coverage Premiums)

Policy Term	Insurance Carrier	Property Premium	Liability Premium
From: To:		\$	\$
From: To:		\$	\$
From: To:		\$	\$

Liquor Liability Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Three Years)

Date of Occurrence	Description of Loss	Status	Paid	Reserved

General Liability Carrier Information (Please Give a Detailed History, Including Coverage Premiums)

Policy Term	Insurance Carrier	Limits	Premium
From: To:			\$
From: To:			\$
From: To:			\$

General Liability Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Five Years)

Date of Occurrence	Description of Loss	Status	Paid	Reserved

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." Is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** 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 Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine and Washington Fraud Statement:** 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 a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** 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 and may be subject to fines and confinement in prison.

Agent Information

Has the Agent Personally Inspected the Applicant's Premises?  Yes  No

Condition of Risk?  Excellent  Good  Fair  Poor

Any Other Information That Is Pertinent to This Risk? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent's Email: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_