

Liquor Liability

LIQUOR LIABILITY WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.

- NEW RENEWAL If a renewal, provide the expiring policy number: _____
 Expiring policy term: _____ Expiring premium: _____
 Expiring carrier: _____ Expiring limit: _____
- Name of Applicant (**List only one name per location, including legal & DBA name. Applicant should be the one responsible for the sale/service of alcohol**): _____
- Mailing address: _____
 E-mail address: _____
 Phone number: _____ Web site address: _____
 Inspection contact name: _____ Phone number: _____
 Audit contact name: _____ Phone number: _____
- Number of locations to be insured (complete 1 application per location): _____
- Location address: _____
- The applicant is: Individual Partnership Corporation LLC
 Other (describe): _____
- Is the applicant a **non-profit Private, Fraternal or Social Club**? Yes* No
 *If yes, please answer the following:
 - Are same-day memberships available? Yes No
 - Are members permitted to bring more than 3 guests per day (excluding banquet activities and immediate family members)? Yes No
 - Is self service of alcohol permitted by members? Yes No
 - Are any single drinks sold for less than \$.50? Yes No
- How long has current owner been operating at this location? _____
- Limits desired: Each Common Cause Limit: _____ Aggregate Limit: _____
- Is applicant requesting Liquor Liability limits greater than General Liability limits carried? Yes* No
***As a condition of coverage General Liability limits must be maintained at limits equal to or greater than Liquor Liability limits.**
- Does applicant ever sell or serve alcohol away from the premises? Yes* No
***If off-premises coverage is desired, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP APP, to this submission.**
- What is the **latest hour the establishment will ever stay open**? _____ AM PM 24 hours
 a. What time does the **sale or service of alcohol cease**? _____ AM PM 24 hours
- Type of business (check all that apply):

<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Private/Fraternal Club	<input type="checkbox"/> Exotic Dancing/Strip Club	<input type="checkbox"/> Off-Premises Caterer*
<input type="checkbox"/> Nightclub	<input type="checkbox"/> Country Club	<input type="checkbox"/> Casino	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Banquet Hall*	<input type="checkbox"/> Pool/Billiard Hall	

Concessionaire* (describe venue): _____
 Convenience/Liquor Store/Retail Store (if operations are 100% retail with no on-premises consumption of alcohol, questions 21-24 are not applicable)
 Other (describe): _____

***If type of business is a banquet hall, concessionaire or off-premises caterer, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP APP, to this submission.**

14. **Gross Annual Receipts:** If applicant has more than one operation or sells alcoholic beverages for on & off premises consumption at same location, provide breakdown of receipts by operation:

	Bar/Lounge	Restaurant	Banquet	Retail Sales	Other
FOOD	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ALCOHOL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER (describe)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

15. Does applicant have a valid **liquor license**? Yes No
16. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months? Yes No
17. Are **employees or other persons permitted to consume alcohol** during their hours of employment or service? Yes No
18. Are all alcohol-servers certified in a **Formal Alcohol Training Course** not mandated by the state? Yes* No

*If yes, provide name of the course: _____

To be considered for a credit on your quote, please attach copies of the certificates to this application.

Note: the course must be one approved by Company.

19. **Violations:** Does the applicant have knowledge of any **finances or citations** for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? Yes* No

*If yes, provide the following information on each fine or citation:

Date(s): _____ Description(s): _____

Measures in place to prevent future violations: _____

20. **Claims:** Has the applicant had any reported **liquor liability and/or assault and battery claims** or notification of potential liquor liability and/or assault and battery claims within the past five years? Yes* No

*If yes, provide the following information on each claim:

Date(s): _____ Description(s): _____

Total incurred losses (reserves and payments): _____ Status(open or closed): _____

Measures in place to prevent future incidents: _____

21. Does applicant permit **"BYOB"** (bring your own bottle), bottle service or setups? Yes* No

*If yes, explain: _____

22. Does applicant feature any **entertainment**? Yes* No

*If yes: **Major Entertainment** (check all that apply):

- Adult Entertainment/Exotic Dancing Dance hall DJ with dancing
 Band (3 or more members, excluding jazz bands) Dueling piano bar Outdoor Concerts

Other (describe): _____

Number of: _____ times per week **or** _____ times per year

Incidental Entertainment (check all that apply):

- Comedy shows DJ without dancing Karaoke Jazz musicians Jukebox
 Mariachi band Solo vocalist

Other (describe): _____

Number of: _____ times per week **or** _____ times per year

23. Are facilities available for **banquets, receptions or private affairs**? Yes No

a. Number of: _____ times per week **or** _____ 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*

*If no, are persons serving alcohol who are not applicant's authorized employees or members required to carry Liquor Liability insurance with limits greater than or equal to limits covered under applicant's liquor policy? Yes No

24. Is **banquet entertainment provided** by applicant or lessees? Yes No

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

25. Within the past 5 years, has applicant's liquor coverage been **cancelled or nonrenewed**? Yes* No

*If yes, explain: _____

26. Is an **additional insured** needed? Yes* No

*For each additional insured desired, provide the following information:

- a. Name: _____
- b. Address: _____
- c. Insurable interest: _____

FINE DINING ESTABLISHMENTS ONLY:

- 27. a. Average entrée price: _____
- b. Average bottle of wine price: _____
- c. Number of bottles of wine on the wine list: _____

STATE SECTION – Please complete the applicable section below based on the state where operations are located.

DE, KS, MD, NE, SD and VA:

Please proceed to the Fraud Statement and Warranty Statement section below.

ALL OTHER STATES:

- 28. Does the establishment attract a **predominantly youthful or college crowd** ranging from 21-25 years of age? Yes No
- 29. Does or will applicant ever offer (include special events such as New Year's Eve parties, etc.):
 - a. Drink specials/happy hours? Yes No
 - b. Drink specials/happy hours after 9:00 PM? Yes No After 11:00 PM? Yes No
 - c. More than two complimentary drinks per patron per day? Yes No
 - d. "All you can drink" specials or other offers involving unlimited alcoholic beverages? Yes No
 - e. Beer for less than \$1.00? Yes No
 - f. Liquor or wine for less than \$1.50? Yes No
- 30. a. Are patrons **under the legal drinking age** permitted on the premises? Yes No
b. Are patrons **under the legal drinking age** permitted on the premises after 11:00 PM? Yes No
- 31. Are **bouncers, security or doorpersons** ever employed? Yes No
- 32. **Minnesota risks only:**
 - a. Does applicant have a special license to stay open past 1:00 AM? Yes No
 - b. If a Private, Fraternal, or Social Club, does liquor license restrict service to members only? Yes No
- 33. **Ohio, Pennsylvania and Texas risks only:**
 - a. Does the establishment have and utilize an **identification scanner** device to verify age of patron? Yes No

Applicant's Signature: _____ Title: _____ Date: _____
Owner, Officer or Partner (Required) (Required)

Broker's Signature: _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail complete application through local Agent or Broker to: _____