

Liquor Liability
Supplemental Application



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: _____

Mailing Address: _____

Location Address: _____

Limits of Liability requested:

\$ _____ Per Occurrence \$ _____ Aggregate

Policy #: _____ Proposed Policy Period: _____ to _____

Type of business: Corporation LLC Individual Government
 Joint Venture Non-Profit Partnership Limited Partnership
 Other: _____

Proposed Effective Date: From: _____ To: _____ (12:01 A.M., Standard Time at the address of the Applicant)

Section II. Operations

1. Type of establishment:

- | | | | |
|--------------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> Bar | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Package Store | <input type="checkbox"/> Casino |
| <input type="checkbox"/> Tavern | <input type="checkbox"/> Winery | <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Nightclub | <input type="checkbox"/> Catering Service | <input type="checkbox"/> Brewery | <input type="checkbox"/> Grocery |
| <input type="checkbox"/> Restaurants | <input type="checkbox"/> Social Club | <input type="checkbox"/> Club(Golf, Country) | |

1. Square foot area of establishment: _____

2. Maximum Occupancy: _____

3. Is premises located close to (within 5 miles) of a college campus? Yes No

4. Premises within city limits? Yes No

2. Name on liquor license: _____

Type of liquor license: _____

Liquor License number: _____

3. Have you ever been in violation of a law concerning the sale of alcohol, or had your liquor license suspended? Yes No

If yes, when and why? _____

What steps, if any, have you taken since the violation to prevent future violations?

1. Total Estimated receipts: \$ _____

Estimated food receipts: \$ _____

Estimated wine, beer, and liquor receipts: \$ _____

Other estimated receipts(excluding food & liquor): \$ _____

2. Percentage of combined wine, beer and liquor receipts to total receipts: _____ %
3. What type of clientele do you provide services to (**check all that apply**):
 - Local Residents Tourists Sports teams
 - College Students Local club members
4. Customer age range (**check all that apply**):
 - (18-21) _____ % (21-25) _____ % (25-30) _____ % (30+) _____ %
 - Are any patrons under age 21 permitted on the premises? Yes No
 - Are any patrons under age 21 permitted on the premises after 10:00 PM? Yes No
5. Has applicant had incidences that may have resulted or may result in a claim for liquor liability or assault and battery? Yes No
If yes, give details: _____
6. Is there a BYOA (Bring your own alcohol) exposure? Yes No
If yes, please provide details of whether or not servers are involved, or patrons are solely Responsible for serving themselves: _____
5. Provide the number of servers: _____ How many are Bartenders only? _____
6. Have all servers/sellers been through alcohol awareness training (TIPS/TOPS/TAMS/OTHER)? Yes No
Type of course: _____
How often required? _____
Ride home policy? Yes No
7. Is identification checked at the door? Yes No
8. When purchasing drinks? Yes No
9. Is there a cover charge? Yes No
If yes, what is the amount of charge? _____
10. Procedures in place preventing the sale of alcohol to minors or those under the influence? Yes No
If yes, describe: _____
11. How many years has applicant been in business? _____
12. How many years has applicant been at this location? _____
13. How many days per week is location open? _____
14. What are your hours of operations? _____
15. What is the posted closing time? _____
16. Is Last Call announced? Yes No
If yes, when? _____
17. Are any servers working in a "non-employment" capacity, serving alcohol on a "volunteer" or "tips only" basis? Yes No
18. Do employees monitor open bar tabs to keep track of the number of drinks a customer has consumed? Yes No
If yes, how? _____
19. Do you offer a "Designated Driver" service to provide intoxicated customers with transportation to a designated or requested location? Yes No
Do you have signs alerting customers of such services? Yes No

Section IV. Entertainment

1. Types of entertainment: **(please check all that apply)**

- Live Music Dance Contest Jukebox Pool Tables
 Dancing DJ Disk Hockey Karaoke
 Beer Pong Flip Cup Other: _____

2. Amusement Devices: **(please check all that apply)**

- Pool Tables Gambling Devices Poker Tables Other: _____
 Dart Boards Pinball Machines Video Electronic Games

3. Type of music played **(please check all that apply):**

- Rap/R&B Country Classic Rock Pop Heavy Metal
 Other: _____

4. Are there any activities that would involve patron participation or contact between patrons?

Yes No

If yes, please explain: _____

5. Do you offer games to patrons?

Yes No

If yes, please describe: _____

6. Do you offer a Mechanical Bull as an amusement service?

Yes No

7. Is there a stage?

Yes No

If yes, please describe: _____

8. Is there a dance floor?

Yes No

If yes, Square Footage: _____

9. Are there pyrotechnics?

Yes No

If yes, please explain: _____

Section V. Security

1. Do you provide security services to protect the premises?

Yes No

If yes, please select what type:

- Bouncers Doorman Off Duty Police
 Contracted Security Inside Security Outside Security

2. Do you have any armed personnel on the premises?

Yes No

If yes, how many personnel are armed? _____

What type of firearms do you employ? _____

3. How regularly are your security personnel required to re-train on firearm firearm safety/utility? _____

4. Do you have security monitoring systems on the premises?

Yes No

5. Do you conduct background checks on your security employment personnel?

Yes No

6. Do you hire independent contractors for security?

Yes No

Is there a written agreement? Yes No

Does it have risk transfer requirements? Yes No

Do you obtain a copy of COI's? Yes No

Section VI. Off-Premises Liquor Liability

1. Will you ever sell or serve alcohol away from premises? Yes No
If no, please skip this section.
2. List all states in which the insured will provide off premises liquor sales or service:

3. Are you a(n): Off-premises caterer Bartending/Waiter service
 Event Organizer/Coordinator Other: _____
4. Is the insured licensed to sell and provide alcohol off premises? Yes No
If yes, provide annual gross off premises alcohol sales: \$ _____
5. What are the annual off-premises food gross sales? \$ _____
6. Who supplies the alcohol? Applicant Applicant's client Other: _____
7. Is all alcohol served by the insured? Yes No
If no, explain: _____
8. Number of jobs handled annually that involve the sale or service of alcohol: _____
9. Types of jobs handled:
 Weddings Corporate functions Private parties Other: _____
10. Does the insured ever cater to a youthful client base? Yes No
11. Maximum guest per job: _____
12. What is the latest time alcohol is sold or served off premises? _____
13. Are guests ever permitted to serve themselves? Yes

Fraud Warning

General Fraud Warning: 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.

Applicant Notice to Applicants in:

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| Alabama | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. |
| Alaska | Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. |
| Arizona | For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. |

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| Arkansas | 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. |
| California | For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. |
| 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. |
| Delaware | Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. |
| District of Columbia: | 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 | 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. |
| Idaho | Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony. |
| Indiana | A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony. |
| Kentucky | Any person who knowingly and with intent to defraud any insurance company or other person files a 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. |
| Louisiana | Any person who knowingly presents a false or fraudulent claims 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. |
| 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 a denial of insurance benefits. |
| Maryland | Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. |
| Minnesota | A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime. |

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| New Hampshire | Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. |
| New Jersey | Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. |
| New Mexico | 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 civil fines and criminal penalties. |
| 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 an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud. |
| Oklahoma | 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. |
| Oregon | Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties. |
| 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 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. |
| Rhode Island | 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. |
| Tennessee | 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. |
| Texas | Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. |
| Virginia | 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. |
| 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 include imprisonment, fines, and denial of insurance benefits. |

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| West 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 and may be subject to fines and confinement in prison. |
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Representation and Warranty

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understand that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

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| Name of Applicant: | | |
| Signature of person authorized to execute on behalf of the Applicant: | | Date: |
| Print name and title of person authorized on behalf of the Applicant: | | |
| Agent/Broker Name: | | |