

LIQUOR LIABILITY APPLICATION

1. Name of Applicant: _____
2. Mailing Address (Street, City, State & Zip): _____

3. Location Address(es): _____

4. Applicant Is: INDIVIDUAL: _____ PARTNERSHIP: _____
 CORPORATION: _____ JOINT VENTURE: _____
 OTHER (SPECIFY): _____
5. Name of Licensee: _____
6. Years In Business: _____ At This Location: _____
7. Describe Operation: _____
 (Restaurant, Restaurant With Bar, Hotel/Motel, Etc.)
 If operation is a Hotel/Motel, do you offer Mini-Bars in the rooms?
 YES _____ NO _____. If YES, how is exposure to minors controlled? _____

8. Seating Capacity: Dining Room: _____ Separate Bar Area(s): _____
9. Has applicant ever been cited or fined by Alcoholic Beverage Control or other Government Agency? YES _____ NO _____ If YES, explain: _____

10. Normal operating hours: _____ to _____ # _____ Days/Week
 _____ to _____ # _____ Days/Week
11. Number of Bartenders at any one time? _____
 Number of Waiters/Waitresses at any one time? _____
 Is there a Bouncer? _____
 Is there a Host/Hostess? _____
12. Management: Describe Owner and Manager's hours and responsibilities: _____

13. Percent of patronage arriving/departing by automobile? _____ %
 Average age of patrons? _____ yrs
 Type of clientele (such as area residents, area workers, students, motorcyclists, tourists, sports fans, singles, others) Describe: _____

14. Area surrounding premises: Downtown _____ Suburban _____ Commercial _____
 Shopping Center _____ Industrial _____ Rural _____
 Resort/Seasonal _____ Other (specify) _____
- Is parking area well lit? YES _____ NO _____
 Main Exits: Divided Highway _____
 Undivided Highway _____
 Other (describe) _____
 Any obstructions blocking view of traffic: Yes _____ No _____
 Speed Limit: _____ M.P.H.
 Describe any other exits: _____
15. Entertainment? YES _____ NO _____ If YES, specify type : PIANO _____
 JUKEBOX _____ DISK JOCKEY _____ BAND _____
 LIVE ENTERTAINMENT _____ GO-GO/STRIP SHOWS _____
 AMATEUR NIGHT _____ TOPLESS _____ OTHER _____
16. Describe any special offers, events, promotions or sponsorships at which liquor is sold, i.e. Happy Hours, Weddings, Etc. (include times frequency, and terms of offer/event):

17. Is dancing allowed? YES _____ NO _____
 If YES, what kind? Jukebox _____ Ballroom _____ Disco _____
 Rock & Roll _____ Country Western _____
 Other (explain) _____
18. Amusement Devices? YES _____ NO _____
 If YES, what kind and how many? Video Games _____ Darts _____
 Pinball Machines _____ Pool/Billiards _____
 TV's _____ Other (describe) _____
19. Does applicant serve flaming drinks? YES _____ NO _____
20. Are employees allowed to drink at establishment while: A: On Duty? YES _____ NO _____
 B: Off Duty? YES _____ NO _____
21. Does the applicant have written procedures to avoid service to minors, intoxicated persons, or habitual drunkards? YES _____ NO _____
 If YES, please attach copy.
 If NO, describe procedures in place for checking ID's:

22. Are special training programs provided for all employees with respect to the handling of minors or intoxicated customers (such as T.I.P.S. or similar programs)? YES _____ NO _____
 If NO, is the applicant willing to sponsor a program if requested by the insurer? YES _____ NO _____

23. Does the applicant offer complimentary appetizers in lounge? YES _____ NO _____

24. Is there a per person drink limit? YES _____ NO _____
If YES, how many? _____

25. Previous Liquor Liability Carrier: _____
Policy Number: _____
Policy Period: _____

26. Has the applicant had any liquor liability claims within the last five years? YES _____ NO _____
If YES, provide full details on separate sheets.

27. Is the applicant aware of any incident, occurrence, accident or situation which might give rise to a claim relating to Liquor Liability? YES _____ NO _____
If YES, provide full details on separate sheets.

28. Has the applicant had any type of liability insurance cancelled, non-renewed, or been refused coverage? YES _____ NO _____
If YES, provide full details on separate sheets.

29. Limits Desired: \$ _____ Each Common Cause
\$ _____ Aggregate

30. Estimated Annual Gross Receipts:

All sources	\$	_____
From sale of alcoholic beverages – On Premise	\$	_____
Off Premise	\$	_____
From sale of food	\$	_____
From all other sources	\$	_____

Are alcoholic beverages limited to beer and wine only? YES _____ NO _____

31. Name and Address of person who has books and records of the business:

32. I HEREBY APPLY FOR A POLICY OF INSURANCE AS SET FORTH IN THE APPLICATION AND I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY POLICY WHICH MAY BE ISSUED BY THE COMPANY WILL BE ISSUED ON THE BASIS OF AND IN RELIANCE UPON MY STATEMENTS IN THIS APPLICATION. I AGREE THAT SUCH POLICY SHALL BE NULL AND VOID IF ANY SUCH STATEMENTS ARE FALSE, MISLEADING OR INCOMPLETE. I UNDERSTAND THAT A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST, THE COMPANY WILL PROVIDE ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF SUCH REPORT, IF ONE IS MADE. I AGREE TO SUBMIT MY RECORDS OR GROSS RECEIPTS TO THE COMPANY FOR AUDIT WHENEVER REQUESTED TO DO SO.

Signature of the Applicant

Date

Name of Applicant: _____

33. I HEREBY WARRANT AND CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THIS APPLICATION WAS COMPLETED AND PERSONALLY SIGNED BY THE APPLICANT AND THAT A COMPLETED COPY HEREOF HAS BEEN GIVEN OVER TO THE APPLICANT.

Signature of Producing Agent/Broker

Date

Name of Producing Agency/Brokerage Facility: _____

Address: _____