

LIQUOR LIABILITY PRODUCT APPLICATION

GENERAL APPLICANT INFORMATION:

Applicant's name and DBA: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

E-mail address of primary contact: _____ Phone number: _____

Website address: _____

Inspection contact name: _____ Phone number: _____

Audit contact name: _____ Phone number: _____

Number of locations to be insured (complete one application per location): _____

Location address: _____ City: _____ State: _____ Zip: _____

Effective date desired: _____

TYPE OF ENTITY: Individual Partnership Corporation LLC Non Profit Corporation

Other (describe): _____

DESCRIPTION OF OPERATION (check all that apply):

- | | | | |
|----------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Country Club | <input type="checkbox"/> Nightclub |
| <input type="checkbox"/> Private/Fraternal Club | <input type="checkbox"/> Pool/Billiard Hall | <input type="checkbox"/> Adult Club/Strip Club | <input type="checkbox"/> Banquet/Catering Hall |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> BYOB Restaurant | <input type="checkbox"/> Comedy Club/Dinner Theater | |
| <input type="checkbox"/> Off-Premises Caterer | <input type="checkbox"/> Off-Premises Bartending Service | | |
| <input type="checkbox"/> Retail/Convenience/Liquor Store | <input type="checkbox"/> Wholesale Distributor | | |

Unlicensed risk (describe): _____

Other (describe in detail): _____

DESIRED LIQUOR LIABILITY LIMITS:

- | | | |
|----------------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> \$100,000/\$200,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 |
| <input type="checkbox"/> \$300,000/\$300,000 | <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 |
| <input type="checkbox"/> \$300,000/\$600,000 | <input type="checkbox"/> Other: _____ | |

GENERAL UNDERWRITING INFORMATION & ELIGIBILITY

List alcohol and food receipts:

On-premises alcohol sales: \$ _____ On-premises food sales: \$ _____

Retail alcohol sales to public for off-premises consumption: \$ _____

Off Premises alcohol catering sales: \$ _____

Wholesale alcohol sales: \$ _____ Other (describe): _____

1. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months? Yes No
2. Does the applicant maintain general liability insurance at limits equal or greater than the applicant's liquor liability limits? Yes No
3. Within the past five years, has the applicant's liquor liability coverage been cancelled or nonrenewed for reasons other than prior carrier no longer writing any liquor liability coverage? Yes No
If yes, please provide reason: _____
4. Are any persons (including employees, temporary workers, leased workers, entertainers or performers) permitted to consume alcohol during their hours of employment or service? Yes No
5. Is applicant a franchisee? Yes No
6. Does the applicant hire independent contractors to sell or serve alcohol? Yes No
If yes, does applicant mandate that all independent contractors that sell or serve alcohol maintain their own liquor liability coverage at equal or greater limits, and name the applicant as an additional insured on the independent contractor's liquor liability policy? Yes No
7. Does the applicant require all alcohol servers receive certification in a formal Alcohol Training Course not required by the state? Yes No
If yes, please list name of formal training course: _____

8. Has the applicant had any reported liquor liability and/or assault & battery claims or notification of potential liquor liability and/or assault & battery claims within the past 5 years? Yes No
If yes, complete the following:

Date of Loss	Description of Loss	Open/Closed?	Amount Paid	Reserve Amount

9. Is applicant aware of any fines, violations or citations for sale or service of alcohol in the past 5 years? Yes No
If yes, complete the following:

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

10. Does applicant have a valid liquor license? Yes No
11. Does applicant ever use a bouncer, security or doorman? Yes No

12. List types of entertainment and how often featured:
 - Band (other than jazz/instrumental) _____ times per week, or _____ times per year
 - DJ _____ times per week, or _____ times per year
 - Other (describe): _____ times per week, or _____ times per year

13. Is band or DJ entertainment featured every night risk is open? Yes No
14. Does risk feature adult entertainment, such as exotic dancing? Yes No
15. Is applicant a private fraternal or civic club? Yes No

- If yes**,
- Is self-service or BYOB by members permitted? Yes No
 - If located in Pennsylvania, does applicant have special license allowing them to stay open until 3:00 AM? Yes No
 - Does club offer same day memberships? Yes No
 - Are members allowed to bring more than 3 guests per day (does not include immediate family members or banquet events)? Yes No
 - Does club offer any drinks for less than \$.50? Yes No

16. For adult clubs/strip clubs and nightclubs:

- List number of years of experience applicant has owning or managing the same type of operation _____
- List number of years in business under same owner or manager _____

17. For retail store operations:

- Is on-premises tasting or sampling of alcohol offered? Yes No
- Is delivery of alcohol provided to customers? Yes No

18. If licensed, does applicant allow BYOB (other than banquets), self-service, bottle service or setups? Yes No

19. Is BYOB permitted at banquets? Yes No

If yes, does applicant or applicant's employees serve the alcohol OR require that the lessee carry liquor liability insurance? Yes No

20. What is the latest hour the applicant will ever stay open? _____ AM PM 24 hours

21. What time does the sale or service of alcohol stop? _____ AM PM 24 hours

22. Does the applicant offer drink specials after 10:00 PM (except Massachusetts and North Carolina)? Yes No

23. Does the applicant sell beer for less than \$1.00, and/or wine or liquor for less than \$1.50? (not applicable to private fraternal clubs) Yes No

24. Is the applicant a Fine Dining restaurant with typical entrée prices greater than \$20, bottles of wine priced an average of \$30 each, and at least ten or more bottles of wine offered on the menu? Yes No

25. Does applicant sell beer and wine only? (not applicable to retail stores) Yes No

26. Does applicant use an electronic ID scanner? Yes No

27. Does the applicant use functional and operational surveillance cameras inside the establishment? Yes No

28. Does or will the applicant ever offer:
 • Beer pong or other types of drinking games? Yes No
 • "All you can drink" specials or similar offers of unlimited alcoholic beverages? Yes No

29. Are patrons under the legal drinking age permitted on the premises (except for retail stores, banquet halls or caterers)? Yes No

If yes, are patrons under the legal drinking age permitted on the premises after 11:00 PM? Yes No

30. List any additional insureds that are needed:

Name	Interest	Mailing Address

*Additional Insured – Liquor License Holder will be included automatically

COMPLETE IF APPLICABLE

31. For Unlicensed Banquet Hall/Unlicensed Caterer/Unlicensed Bartending Service:

- List total number of annual events involving alcohol: _____
- List average attendance at all events: _____
- Will the applicant ever do business in any of the following states: Alabama, Alaska, Illinois, Louisiana, Mississippi, Rhode Island or West Virginia? Yes No

32. For BYOB (Bring Your Own Bottle) Restaurant:

- Are only beer and wine permitted for BYOB? Yes No
- Does the wait staff actively monitor all alcohol consumption and request valid ID from all patrons? Yes No

33. For Charter Boat/Dinner Cruise operations:

- Does vessel operate in U.S. territory waters only? Yes No
- Will the vessel navigate in waters off the coast of any of the following states: Alabama, Alaska, Illinois, Louisiana, Mississippi, Rhode Island or West Virginia? Yes No
- Does applicant carry Protection and Indemnity coverage at limits equal to or greater than liquor liability limits? Yes No

34. For Unlicensed Miscellaneous – Host Exposure:

- Describe the operation in detail: _____
- Are more than two complimentary drinks offered per patron? Yes No
- Does the staff actively monitor all alcohol consumption and request valid ID from all patrons? Yes No

Fraud Warning Statements:

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent statement for payment of a loss or benefit or knowingly presents false information in an application in insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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, the insurer may deny insurance benefits, if false information materially related to the claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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 any insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal 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 commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal or civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Warranty Statement: The applicant represents and warrants that the information provided in this Application, and any amendments or modifications to this Application are true, correct, and complete, and that no material facts have been misstated in this Application or concealed. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. Completion of this Application does not bind coverage. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

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

Title: _____
(Required)

Date: _____
(Required)