



# Liquor Liability Application

Bid # \_\_\_\_\_

**General Information**

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

Contact Name: \_\_\_\_\_

DBA: \_\_\_\_\_

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

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

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

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

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

Insured Type:      Individual                  Partnership                  Corporation                  Other

Proposed Policy Term:      From \_\_\_\_\_ To \_\_\_\_\_      Seasonal?      Yes or No

**Underwriting Information**

Is this a new venture?      Yes      or      No

Is the risk open for business?      Yes      or      No

Do you run happy hour times?      Yes      or      No

If so, when (days, times): \_\_\_\_\_

Operating Hours:

|       | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| From: |        |         |           |          |        |          |        |
| To:   |        |         |           |          |        |          |        |

Description of Operations:

|   |                                     |                                       |                                     |   |
|---|-------------------------------------|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Bar/Tavern     | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Private Club | <input type="checkbox"/> Night Club | <input type="checkbox"/> Convenience/Liquor Store |
| <input type="checkbox"/> Special Permit | <input type="checkbox"/> Distillery | <input type="checkbox"/> Microbrewery | <input type="checkbox"/> Brewpub    | <input type="checkbox"/> Other                    |

How long has the insured been in business at this location? \_\_\_\_\_

Square feet of licensed premises: \_\_\_\_\_

Number of bars: \_\_\_\_\_

SALES

Annual spirits sales: \_\_\_\_\_

Annual beer sales: \_\_\_\_\_

Annual wine sales: \_\_\_\_\_

Annual food sales: \_\_\_\_\_

Total annual sales: \_\_\_\_\_

PURCHASES

Annual spirits purchases: \_\_\_\_\_

Annual beer purchases: \_\_\_\_\_

Annual wine purchases: \_\_\_\_\_

Total annual alcohol purchases: \_\_\_\_\_

**Liquor Liability Section**

Number of Alcohol Servers Employed: \_\_\_\_\_

Number Who are Server Trained: \_\_\_\_\_

Does the Applicant Hire Bouncers: \_\_\_\_\_

If yes, how many: \_\_\_\_\_

Entertainment (days per week):

|          |          |          |
|----------|----------|----------|
| DJ:      | Band:    | Keno:    |
| Topless: | Dancing: | Karaoke: |

Limit of Liability:

|       |        |         |         |         |         |
|-------|--------|---------|---------|---------|---------|
| 50/50 | 50/100 | 100/100 | 100/200 | 200/200 | 200/400 |
|-------|--------|---------|---------|---------|---------|

**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(s) and Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has liquor liability coverage ever been cancelled, declined, non-renewed or had a lapse?

- Yes**       **No**

If Yes, Give Date(s) and Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a general liability policy?

- Yes**       **No**

If No, what is the current assault or battery limit?: \_\_\_\_\_

Prior Liquor Liability Carrier Information (Please give a detailed history, including coverage premiums)

| Policy Term |     | Insurance Carrier | Premium |
|-------------|-----|-------------------|---------|
| From:       | To: |                   | \$      |
| From:       | To: |                   | \$      |
| From:       | To: |                   | \$      |

Liquor Liability Claims Information (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 |
|--------------------|---------------------|--------|------|----------|
|                    |                     |        |      |          |
|                    |                     |        |      |          |
|                    |                     |        |      |          |

Disclaimer:

The Applicant is the party to be named as the Insured in any insuring contract, if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application (whether by the Applicant or on the Applicant's behalf), together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its representatives to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees that in the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile or electronic signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Occurrence, or the accumulation of more than one Occurrence during the Policy Period, may cause the per Occurrence Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy Period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Occurrence or combination of Occurrences that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Occurrence or combination of Occurrences during the Policy Period.

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

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

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

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