

13. Does the Applicant have any of the following?

Yes No – Pool Tables If yes, number of Pool Tables:

Yes No – Gambling Machines

Yes No – Mechanical Riding Machines

Yes No – Sports Facilities on premises (i.e., axe-throwing, volleyball, softball, basketball, swimming pool, etc.)

If there are sports facilities, please describe:

14. Does Applicant have entertainment? Yes No If yes, check Applicable boxes and provide times per week:

Exotic / go-go dancers / adult entertainment Times per week:

DJ Times per week:

Band (four or more members) Times per week:

Karaoke Times per week:

Solo/duet/trio musician(s) or vocalist(s) Times per week:

Stage / floor show or contests Times per week: Describe:

Other Times per week: Describe:

If karaoke is present, does the Applicant have private karaoke rooms for guests and parties? Yes No

If the Applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed? Yes No

Type of music: Top 40 Country Classic Rock & Roll Soft Rock Jazz Alternative Rap

R&B Disco Hard Rock Heavy Metal Electronic Other (specify):

15. Is dancing allowed? Yes No If yes, # days per week: Size of dance floor: sq feet

16. Lowest 12-oz beer price offered, including happy hours / promotions: \$0.00-\$1.99 \$2-\$2.99 \$3-\$4.99 \$5+

Lowest liquor/wine price offered, including happy hours / promotions: \$0.00-\$1.99 \$2-\$2.99 \$3-\$4.99 \$5+

Do you offer individual servings of beer larger than 24 ounces? Yes No

Do you offer individual servings of liquor larger than 3 ounces? Yes No

If you offer any of the following, check the appropriate box: Beer Wine Liquor Self-service of alcohol

Happy hour Ladies night Bottle service/setups Drinking games Complimentary drinks

If you have drink promotions, when do they occur (mark all that are appropriate):

Only between Monday and Thursday Friday, Saturday, and/or Sunday Every day

If you have drink promotions, how long do they last: 1 - 2 hours 3 hours 4 hours 5+ hours

If you have drink promotions, at what time do the specials end? by 8pm 9pm 10pm or later

Select the appropriate discount for happy hours or ladies' nights: 2 for 1 3 for 1 \$1 off \$2 off

Other:

If you offer bottle service/setups, provide the days, times, price, and operations:

If you offer complimentary drinks, provide the days, times, and operations:

17. Is there a college or university within a 3-mile radius of the Applicant's premises? Yes No

If yes, provide name:

18. Provide hours of operation for each day of the week below:

Sunday Open: Close: Thursday Open: Close:

Monday Open: Close: Friday Open: Close:

Tuesday Open: Close: Saturday Open: Close:

Wednesday Open: Close:

Is this a seasonal operation? Yes No If yes, what are the dates of operation? to

19. Provide employee counts for each position:

Servers: Bartenders: Security personnel: Cooks: Managers: Other:

If applicable, are background checks performed on security personnel before hiring? Yes No

If applicable, are security personnel contracted from a third party? Yes No

If yes, are certificates of insurance obtained and the Applicant named as an additional insured? Yes No

20. Within the past 5 years, has Applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? Yes No

If yes, # of times: Explain:

21. Does the Applicant require all alcohol serving or selling employees to be certified by a formal alcohol-awareness training program? Yes No If yes, provide training program (BEST, RAMP, TIPS, TAM, etc.):

22. Number of police/emergency calls within the last year:

Reason(s) for calls:

23. Operations:

Yes No Does the Applicant have procedures in place to regulate the sale of alcohol to intoxicated persons?

Yes No Does the Applicant have procedures in place to regulate the sale of alcohol to minors?

If yes, describe procedures:

Yes No Does the Applicant have ride-home procedures for intoxicated patrons?

If yes, describe procedures:

Yes No Are the Applicant's employees required to check identification of customers who may be under age 40?

Yes No Does the Applicant use ID scanners to check identification of customers?

If the Applicant uses ID scanners, for how long does the Applicant maintain records of ID's that have been scanned?

Yes No Does the Applicant have video surveillance? If yes, how long is video retained?

Yes No Can watercraft of any kind dock, land, or otherwise attach to or adjacent to the Applicant's premises?

Yes No Does the Applicant allow customers to order more than one drink at last call?

Yes No Does the Applicant allow employees to consume alcohol on the premises while on the job?

Yes No Does the Applicant have a drive-thru operation for the sale of alcohol?

Yes No Does the Applicant allow customers to BYOB (bring your own bottle)?

Yes No Does the Applicant participate in bar crawls?

Yes No Does the Applicant allow "guest" or "celebrity" bartenders to serve alcoholic beverages?

Yes No Does the Applicant host "college nights" or similar events/promotions?

If yes, describe specials and provide frequency:

24. Provide Applicant's annual sales for food and all alcoholic beverages (liquor, beer, and wine) below:

	Alcohol Sales for On-Premises Consumption	Alcohol Sales for Off-Premises Consumption	Food Sales	Other Sales*	Total Sales
Next 12 months					
Past 12 months					
*Describe other sales:					
If there are on-premises and take-out alcohol sales, does the Applicant maintain separate sales records?					Yes No

25. Does Applicant carry General Liability insurance? Yes No If yes, effective from: to
 Insurer: Limits: Assault & Battery Excluded? Yes No

26. Does Applicant currently carry Liquor Liability insurance? Yes No Expiration date:
 Package Policy Monoline Policy Assault & Battery Excluded: Yes No Limits:
 Insurer: Premium:
 Except for Kentucky and Missouri risks, has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years? Yes No If yes, explain:

27. In the past 5 years, has the Applicant or any owner, partner, member, officer, or licensee had any Liquor Liability or Assault & Battery claims or incidents that resulted or could result in a claim, whether insured or not?

Yes No If yes, how many?

If yes, provide details below. If more than five claims, attach worksheet with further claims information.

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A						
B						
C						
D						
E						

28. Additional Insureds. If none, leave blank. Additional insureds will be applied to liquor and GL quotes unless specified.

Type	Name	Address	City	State	Zip
Lessor/Property Manager					
Franchisor					
Mortgagee					
Other (specify)					
Vendor					

For Vendors only, provide product type:

General Liability Section (to be completed only if GL coverage is requested)

GL Limit requested: \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

1. Do you own the building? Yes No If yes, is any part of your location rented to others? Yes No
 a. If yes, what is the occupancy of the tenant(s)? Apartments Retail/Other
 b. If apartments, how many units are rented to others?
 c. If Retail/Other, what is the square footage occupied by the tenants? sq ft

2. Are exits clearly marked and unobstructed? Yes No
 Are there at least two exits for every floor of the building? Yes No

3. Is cooking performed? Yes No If yes, is there an operational Ansul system? Yes No

4. Is there a service agreement in place for cleaning the surfaces and ducts of the extinguishing system? Yes No

5. Are there any firearms or weapons kept on premises? Yes No

Policy will contain an endorsement excluding coverage for firearms and weapons.

6. Is the Applicant responsible for maintenance of the sidewalk, parking area, or snow and ice removal? Yes No

7. Is parking performed by a valet contracted service? Yes No
 If yes, are certificates of insurance obtained and is the applicant named as an Additional Insured? Yes No
 If no, does Applicant have a parking lot for its customers? Yes No
 If there is a parking lot, does the Applicant maintain sufficient lighting? Yes No

8. In the past 3 years, has the Applicant had any General Liability or Assault & Battery claims or incidents that resulted or could result in a claim, whether insured or not? Yes No If yes, how many?
 If yes, provide details below. If more than five claims, attach worksheet with information regarding additional claims.

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A						
B						
C						
D						
E						

9. Does Applicant package and sell food under their own label? Yes No

10. Are records kept on food suppliers? Yes No

11. Does Applicant provide Worker's Compensation coverage for employees? Yes No

12. Does Applicant lease employees? Yes No
 If yes, does the leased employer provide Worker's Compensation coverage? Yes No

13. Can patrons access an upper or lower level, including a restroom, seating area, or balcony? Yes No

14. Does the facility have a balcony or raised platform which patrons may access? Yes No

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I acknowledge that the information contained herein will be the basis upon which the Insurer may issue a Liquor Liability policy. I acknowledge that if the Insurer issues a Liquor Liability policy and if any information contained herein is misleading or false, the Insurer may have the right to rescind the policy. I authorize the Insurer and its representative, Centrex Underwriters, Inc., to obtain the following information from the state and/or other liquor authority licensing or regulating this establishment: all violations, consumer complaints and disciplinary actions on record with the state and/or other authority licensing or regulating this establishment in the past five years.

Signature of Applicant:

Date:

Printed Name of Applicant:

Title of Applicant:

Retail Agency:

Printed Name of Retail Agent:

Telephone number:

Email address:

Wholesale Brokerage Firm:

Printed Name of Wholesale Broker:

City:

State:

Email address:
