

RETAIL STORE APPLICATION FOR LIQUOR LIABILITY INSURANCE

Centrex Liquor Liability Program

1. Type of Application: New Renewal
 Expiring Policy #: _____
 Surplus Lines Producer: _____
 City/State: _____
 Contact: _____

2. Need quote by: _____ Desired Policy Period From: _____ To: _____

3. Limit Requested: \$50,000/\$50,000 \$100,000/\$100,000 \$200,000/\$200,000 \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

4. Name of Applicant (show all names including legal and dba names): _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____
 Telephone #: () _____

5. Name of Location to be Insured: _____
 Location Street Address: _____
 Location City: _____ Location State: _____ Location ZIP: _____
 # of Locations to be Insured: _____ Telephone #: () _____ Website: _____
NOTE: For multiple location risks, attach information for subsequent locations on the Centrex Multi-Location Supplement.

6. If a Liquor Liability policy is issued, it will cover only the designated Insured Location(s) which will be subject to inspection and audit.
 Contact person for inspection/audit: _____ Telephone # () _____

7. Form of business: Individual Joint Venture Partnership Corporation Limited Liability Company Other: _____

8. Description of Operations:
 Convenience Store or Grocery Store Retail Package Store or Beverage Store

9. Is this a new purchase or new venture? Yes No Applicant's years in business at this Location: _____

10. Does the Applicant: (Answers to all items are required)
 No Yes - have a license to sell alcoholic beverages?
 Yes No - stop selling alcohol at or before 8:00 pm?
 Yes No - sell alcohol after 2:00 am?
 Yes No - sell alcohol 24 hours a day?
 Yes No - have a drive-through operation for the sale of alcohol?
 No Yes - have procedures in place to regulate the sale of alcohol to intoxicated customers and to minors?
 Yes No - have any on-premises alcohol consumption operations? If Yes, explain: _____

11. 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: _____

12. Does the Applicant require that all alcohol serving or selling employees be certified by a formal alcohol-awareness training program? Yes No
 If yes, give the name of the training program (BEST, RAMP, TIPS, TAM, etc.): _____

13. Provide Applicant's annual sales for all alcoholic beverages (liquor, wine, and beer): Past 12 months: _____ Next 12 months: _____

14. Does Applicant carry General Liability insurance? Yes No If yes, effective from: _____ to _____
 Insurer: _____ Limits: \$ _____

15. Does Applicant currently carry Liquor Liability Insurance? Yes No Expiration date: _____
 Insurer: _____ Limits: \$ _____ Premium: \$ _____
 Except for Kentucky risks, has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years? Yes No If yes, explain: _____

16. In the past 5 years, has the applicant had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not? Yes No
 If yes, how many claims or incidents? _____ Give details below:

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A			\$	\$		
B			\$	\$		

17. Is coverage needed for any Additional Insureds: A-None B-Lessor C-Other; describe insurable interest: _____
 Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

State Fraud Warnings – by State

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

Florida:

"Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Hawaii:

"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

Kentucky:

"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."

Louisiana or 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."

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 denial of insurance benefits."

Maryland:

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison."

New Jersey:

"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 \$5,000 and the stated value of the claim for each such violation."

Ohio:

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

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."

Tennessee or Virginia or 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."

For All other States:

NOTICE: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

BY SIGNING THIS APPLICATION, THE APPLICANT: (1) certifies that the information contained in this application is true and accurate to the best of his/her knowledge and belief; and (2) acknowledges that the information contained herein will be the basis upon which the Insurer may issue a Liquor Liability policy to the Applicant; and (3) acknowledges 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 which may be issued pursuant to this application. The signing of this application does not bind the Insurer to provide the insurance. It is mutually understood and agreed by the Insurer and the Applicant that any inspection of the premises is made solely for the use and benefit of the Insurer, and is not to be relied upon by the Applicant in any way; and (4) authorizes the Insurer and its authorized 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 _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency: _____ City: _____ State: _____

Telephone #:(_____) _____ Retail Agency Signature: _____ Date: _____