

LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

TO BE COMPLETED IN ADDITION TO ACORD APPLICATION OR ITS EQUIVALENT

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Applicant's Phone Number: _____

Web Address: _____

Inspection Contact: _____

Proposed Policy Period: _____ to _____ Phone Number for Inspection Contact: _____

Applicant is: Individual Partnership Corporation Joint Venture Other _____

1. Type of establishment: Restaurant Hotel Restaurant (type of cuisine) _____
 Package Store Convenience Store Grocery Store Any Catering with Alcohol Sales (Describe)

Other _____

2. Sales:

Restaurant/Hotel Restaurant: All Alcohol \$ _____ Food \$ _____

All Other Types of Establishments: All Alcohol \$ _____ Food \$ _____

3. Years in business? _____ Years at this location? _____

4. Liquor License #: _____ State: _____ License Type: On Premises Off Premises Both

License issued to Named Insured? Yes No

If no, name on license: _____

5. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your license suspended?..... Yes No

If yes, provide details: _____

6. Does the establishment have a separate bar area?..... Yes No

a. Maximum capacity of restaurant area: _____

b. Maximum capacity of bar area: _____

7. Business days and hours: _____

Last alcoholic beverages served at: _____

8. Type of Clientele: Locals Area Workers Tourists College Other: _____

Age (% of total): Under 25: _____ 25-30: _____ Over 30: _____

9. Number of Bartenders: Full-Time _____ Part-Time _____

10. Number of Servers: Full-Time _____ Part-Time _____

11. Have all bartenders and servers participated in a recognized server training program?..... Yes No

a. Type of course? _____

b. How often required? _____

c. If in-house training, does person performing training have certification for training course? Yes No

12. Describe procedures to identify underage patrons? _____

13. Describe procedures in place in the event a patron becomes intoxicated (Discontinue service, drive-home or cab policy, police assistance, etc): _____

14. Is there a Happy Hour or similar type drink promotion?..... Yes No

If yes, describe: _____

15. Catering: Not Applicable
 On-site (banquet-style) catering receipts: _____ Related Alcohol Sales: _____
 Off-site catering receipts: _____ Related Alcohol Sales: _____
 Is pouring-fee income included in catering receipts? Yes No
 Amount: _____
 Are guests ever allowed to mix their own drinks?..... Yes No
16. Entertainment Activities:
 a. Is there a dance floor? Yes No
 If yes, size/square footage: _____
 b. Live performances on premises?..... Yes No
 If yes, how often? _____ Any coverage charge?..... Yes No
 c. Other entertainment activities? Yes No
 If yes, describe: _____
17. On-premises BYOB/Corkage Service?..... Yes No
 If yes, annual corkage fees: _____
18. Are bouncers or security professionals ever employed?..... Yes No
 If yes, provide details: _____
19. Describe all claims or incidents of injury/damage, including any loss payments, resulting from liquor liability in the last five years from the date of completion of this questionnaire: _____
20. Select Limit of Liability for Liquor Liability:(You may only select one option)

	Each Common Cause	Aggregate
<input type="checkbox"/>	\$100,000	\$100,000
<input type="checkbox"/>	\$100,000	\$200,000
<input type="checkbox"/>	\$300,000	\$300,000
<input type="checkbox"/>	\$300,000	\$600,000
<input type="checkbox"/>	\$500,000	\$500,000
<input type="checkbox"/>	\$500,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$2,000,000

21. Optional Coverage – Assault or Battery (You may only select one option)

	Each Event	Aggregate
<input type="checkbox"/>	\$25,000	\$50,000
<input type="checkbox"/>	\$50,000	\$100,000
<input type="checkbox"/>	\$100,000	\$100,000
<input type="checkbox"/>	\$300,000	\$300,000

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I understand that Liquor Liability is a separate coverage part and the limits requested in this application may apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy. I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstance with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

To Insureds in the States of:

Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly, and with the 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. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Arkansas

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.

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.

District of Columbia

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, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

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

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.

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 commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each 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.

Oklahoma

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.

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 act, which is a crime, and subjects such person to criminal and civil penalties.

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. 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.

Virginia

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.

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Producer's Signature	Date	Applicant's Signature	Date
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