



## LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

*This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.*

### I. GENERAL INFORMATION

1	Applicant Name:		Years In Business:		
	Entity Name:		Years Experience:		
	Mailing Address:		Telephone No.:		
	City:	County:			
	State:	ZIP:			
	Website:				
	Classification:				
Fine Dining		Family Restaurant	Fast Food	Bar/Tavern	NightClub
Convenience Store		Package Store	Other		

### II. DETAILS OF OPERATION

#### Days of Operation per Week:

Hours of Operation:	Weekend:	Midweek:				
Seating Capacity:	Dining Area:	Lounge/Bar:				
Staff:	Waitpersons:	Bartenders:		Kitchen:		
Average Age of Clientele:	Under 21	21-25	26-30	31-40	41-50	Over 50

### III. SECURITY

Are firearms kept or permitted on premises by anyone other than police officers? If YES, provide explanation:	Yes:	No:
Does the applicant have any person(s) whose primary role is security, bouncer, ID checker and/or door person? If YES, are persons:      Employees                      Contractors                      Both	Yes:	No:
<b>If persons are Employees:</b> Are background checks completed on all security employees?	Yes:	No:
Does the applicant ever employ persons who have been charged, sued and/or convicted with any assault and/or battery allegations? If YES, provide explanation:	Yes:	No:
Are employees whose primary role involves security related functions required to be licensed by the state?	Yes:	No:
If YES, are all employees actively licensed?	Yes:	No:

**If applicant uses contractors for security:**

Does the applicant have a written agreement with these contractors?

Yes:

No:

If YES, please submit a copy for our review

If provided by contractor, do they provide certificates of insurance evidencing EQUAL General Liability limits and naming the applicant and their landlord entities as additional insured?

Yes:

No:

Does the applicant have a written policy regarding the striking and/or assaulting of patrons that is signed by all employees?

Yes:

No:

Does the applicant engage police officers for work in or about the insured location?

Yes:

No:

**V. ANNUAL SALES/RECEIPTS**

	Food	Liquor	Other	Explain	Total
Current Year					
Previous Year					
Prior Year					
Prior Year					

Does the Applicant have a valid liquor license?

Yes

No

If YES, Name &amp; license number      Name

License #

Name/Number of contact person for inspection/audit:

Name

Phone #

If there are Catering receipts, what percentage is associated with cash or open bars:

Has the applicant or majority partner filed for bankruptcy in the past 5 years?

Yes

No

Applicant is:

Individual

Corporation

Partnership

Other

Are employees permitted to consume alcohol during work hours?

Yes

No

Are employees under the age of 21 permitted to serve or sell alcohol?

Yes

No

If there are Entertainment receipts, what percentage is associated with:

Video Games:

Pool/Game Tables:

Cover Charge:

Special Events:

Please Describe:

Is there a dance floor on the premises?

Yes

No

If YES, square footage:

Does your Liquor Liability carrier provide Assault &amp; Battery coverage?

Yes

No

Have there ever been any Assault &amp; Battery incidents reported in the past five years?

Yes

No

Is there a playground or similar recreational activities at the insured premises?

Yes

No

If YES, please describe:

Any Sports teams sponsored?

Yes

No

If YES, please describe:

Please describe the applicants procedures for preventing serving alcohol to minors:

Please describe the procedures in place to address intoxicated patrons:

Is there more than one means of egress from the premises?	Yes	No
Are the means of egress clearly marked and kept unlocked during business hours?	Yes	No

### FRAUD WARNING

Notice to Applicants of all states except California, Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:

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 material 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 the person to criminal and civil penalties and denial of insurance benefits.

**Notice to California Applicants:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 Louisiana 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 fines and confinement in prison.

**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 and 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 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 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 five thousand dollars and the stated value of the claim for each provision.

**Notice to Oregon Applicants:** Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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 Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established by be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Notice to Virginia 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 Washington D.C. 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, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**IMPORTANT NOTICE:** Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

The applicant must sign this Application within 45 days prior to the policy inception date

**VI. ACKNOWLEDGEMENTS, AUTHORIZATION and SIGNATURE**

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature:	Date:
Printed Name:	Title/Position (Officer, Partner, etc):

\*Signing this application does not bind the applicant or the company to complete the insurance.