



LIQUOR LIABILITY SUPPLEMENTAL

Please Answer All Questions. If They Do Not Apply, Indicate "Not Applicable"

1) Name of Applicant _____

Mailing Address _____

Website: _____

Location Address (Complete separate supplemental for each location except for retail store classes.
For retail stores attach list of locations)

2) Proposed Effective Date: From _____ To _____

3) Limits of Liability Requested:

Each Common Cause: _____

Aggregate: _____

4) Type of Risk:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Drive-through Daiquiri shop | <input type="checkbox"/> Package Store |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Gentlemen's /Strip Clubs | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Catering Service | <input type="checkbox"/> Liquor Manufacturer/
Microbrewery | <input type="checkbox"/> Wholesale/
Distributor |
| <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Night Clubs | |
| <input type="checkbox"/> Convenience /
Grocery Store | <input type="checkbox"/> Other (Describe):
_____ | |

5) Type of ownership:

Corporation Individual Partnership Other

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

If yes, when and why? _____

7) Name on liquor license: _____ Type of liquor license: _____

- 8) Square foot area of establishment: _____ (Maximum Occupancy: _____)
- 9) Premises within city limits: ___ Yes ___ No
- 10) Have all servers been through any server training (tips, tops)? ___ Yes ___ No
- Type of course: _____
- How often required? _____
- Ride home policy? ___ Yes ___ No
- 11) Number of servers: _____
- 12) How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? _____
- 13) Are procedures in place regulating the sale of alcohol to minors or those under the influence? ___ Yes ___ No
- If yes, describe: _____
- How is age of customers verified? _____
- 14) Type of clientele:
- ___ Area Residents ___ Area Workers ___ Tourists ___ College ___ Other _____
- 15) Percent of clientele:
- Under 25 ___% 25-30 ___% Over 30 ___%
- 16) Type of area:
- ___ Industrial/Commercial ___ Residential ___ Rural ___ Other _____
- 17) Located on or near college campus? ___ Yes ___ No
- If yes, what is the distance? _____
- 18) How many years has the applicant been in business? _____
- 19) How many years has the applicant been at this location? _____
- 20) How many days per week is the location open? _____
- 21) What time does the location close? _____ Hours of serving? _____
- 22) Is there a cover charge? ___ Yes ___ No
- If yes, what is the amount? _____
- 23) Do you have "Happy Hour" or 2-for-1 drink specials? ___ Yes ___ No
- Is last call announced? ___ Yes ___ No
- Are customers allowed more than one drink at last call? ___ Yes ___ No
- 24) Are patrons allowed to BYOB (Bring Your Own Booze)? ___ Yes ___ No

25) Security Activities:

Bouncers Doorman Off Duty Police
 Contracted Security Firms: inside outside armed unarmed

Any firearms kept or carried on the premises? Yes No

26) Are there procedures for handling violent or disruptive patrons? Yes No

If yes, please describe: _____

27) Types of entertainment activities:

Live Entertainment Type and how often? _____
 DJ Dance Floor Size: _____ Juke Box
 Pool Table(s) Number: _____
 Electronic Games Type: _____
 Mechanical Devices Type: _____
 Other activities that would include patron participation (such as wrestling, boxing, volleyball, etc): _____

Special Promotions Yes No

If yes, describe: _____

28) Estimated liquor receipts: \$ _____ Other receipts: \$ _____

29) Average price for: beer \$ _____ wine \$ _____ Liquor \$ _____

30) Percent of receipts of on-premises consumption: _____%

31) Percent of receipts for off-premises consumption: _____%

32) Estimate food receipts: \$ _____

33) Percent of liquor receipts to total receipts: _____%

34) Prior carrier: _____ Policy number: _____

35) Has applicant had any claims or occurrences that may give rise to claims? Yes No

If yes, give details: _____

36) Gentlemen's clubs:

Turnover rate for staff: _____

Are servers/dancers in training? Yes No

Does applicant prohibit serving of alcohol after hours to their staff? Yes No

Are clients allowed to purchase drinks for dancers/hostesses? Yes No

37) Manufacturer:

Tours of Facility? Yes No

Free samples given? Yes No

If yes, how is quantity controlled? _____

38) Distributor:

Any sponsored events/ Yes No

If yes, described: _____

Policy for giving away alcoholic beverages by Sponsor? Yes No

If yes, describe: _____

39) Caterers:

Are clients/guests allowed to mix their own drinks? Yes No

Does caterer provide liquor or bartending service? Yes No

FRAUD STATEMENT: 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 FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

WARRANTY STATEMENT: I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Name of Applicant (Please Print) _____
Title

Signature of Applicant _____
Date