

LIQUOR LIABILITY APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From:

12:01 A.M. Standard Time at
the address of the Applicant

To:

Website:

Inspection Contact:

Inspection Contact Phone Number:

Bankruptcy – Within the last 5 years, were there any pending or planned bankruptcies,
or judgements for unpaid taxes against you, or your majority partner?

Yes No

SECTION I - COVERAGE INFORMATION

1) Liquor Liability Limits Requested:

\$100,000 Each Common Cause/\$100,000 Aggregate

\$500,000 Each Common Cause/\$500,000 Aggregate

\$300,000 Each Common Cause/\$300,000 Aggregate

\$1,000,000 Each Common Cause/\$1,000,000 Aggregate

Other: \$ Each Common Cause / \$ Aggregate

2) Is Assault or Battery Coverage Needed?

Yes No

3) If Yes, please indicate the desired limit:

\$25,000 Each Common Cause/\$25,000 Aggregate

\$100,000 Each Common Cause/\$100,000 Aggregate

\$50,000 Each Common Cause/\$50,000 Aggregate

\$250,000 Each Common Cause/\$250,000 Aggregate

Other: \$ Each Common Cause / \$ Aggregate

SECTION II – BUSINESS TYPE

- 4) Restaurant Bar/Tavern Sports Bar
 Nightclub Casino Bowling Alley
 Convenience Store Package Store Grocery Store/Supermarket
 Hotel/Motel Club (Country, Golf) BYO Establishment
 Banquet Facility Catering Service Winery
 Liquor Manufacturer Brewery/Microbrewery
 Other (Describe):

SECTION III – ESTIMATED GROSS SALES

5)

	Alcoholic Beverages On-Premises Consumption	Alcoholic Beverages Off-Premises Consumption	Food	Total Food and Liquor	Other*
Next 12 Months	\$	\$	\$	\$	\$
Past 12 Months	\$	\$	\$	\$	\$

*Describe Other Sales:

- 6) Average price per drink: Beer \$ Wine \$ Liquor \$

SECTION IV – DESCRIPTION OF FACILITIES & ACTIVITIES

- 7) Name and Address of Location to be Insured:

Except for retail or wholesale operations, complete a separate application for each location. For retail or wholesale operations with more than one location and no on-premises consumption of alcoholic beverages, complete the Admiral Retail/Wholesale Multiple Location Supplemental Application.

- 8) Years in Business: Years at Current Location:

- 9) Establishment Square Footage: Restaurant:

Bar:

Other:

If Other, describe:

- 10) Maximum Occupancy: Restaurant:

Bar:

Other:

If Other, describe:

- 11) Year Building First Constructed: Number of Floors: Number of Exits Per Floor:

- 12) Hours of Operation: Sunday: Monday – Thursday: Friday – Saturday:

13) Target Customer Age Range:	Under 25	%
	25 to 30	%
	Over 30	%
	Total =	100%

14) Type of Clientele:	Area Residents	%
	Area Workers	%
	College Students	%
	Tourists	%
	Other	%
	Total =	100%

15) Types of entertainment activities:

Live Entertainment	Types:
DJ	Music Genres:
Dancing	Dance Floor Size:
Pool Tables	Number:
Mechanical Bulls/Rides	Describe:
Swimming Pool	Describe:
Customer Contests	Describe:
Other Activities with Customer Participation:	
Special Events & Promotions:	

16) Is your business situated directly on the shoreline of an ocean, lake, river, inland waterway, canal or similar body of water?	Yes	No
If Yes:		
a. Is swimming permitted?	Yes	No
b. Are boat docking facilities provided?	Yes	No
17) Do you offer valet parking?	Yes	No
18) Do you serve or sell alcoholic beverages at off-premises events?	Yes	No
19) Are patrons allowed to bring their own alcoholic beverages into your establishment?	Yes	No

SECTION V – LOSS CONTROL

20) Are all employees serving or selling alcoholic beverages required to be certified by a formal alcohol training program?	Yes	No
If Yes, please describe (TIPS, TAM, ServSafe, etc.):		
21) How often must employees serving or selling alcoholic beverages obtain recertification?		
22) How frequently does an owner or senior manager review applicable liquor liability laws (including penalties for serving intoxicated or underage customers) with employees?		

23) Do you admit any person under the age of 21? If Yes, please describe your procedures for preventing the service or sale of alcohol to anyone under 21:	Yes	No
24) Prior to the sale or service of alcoholic beverages, do you use an identification scanner to confirm the age of every customer?	Yes	No
25) Do you have a formal ride-home procedure for intoxicated customers? If Yes, please describe:	Yes	No
26) Do you have a written policy prohibiting the sale or service of alcohol to any person (including employees) after public business hours?	Yes	No
27) Last call procedures:	Time last call is made:	
	Maximum allowable drinks at last call:	
	Time customers must leave the premises:	
28) Do you ever have special drink promotions of any kind (happy hour, two-for-one, flights of beer, etc.)? If Yes:	Yes	No
a. Does a promotion ever last for more than three consecutive hours?	Yes	No
b. Is a promotion ever offered after 9:00 pm?	Yes	No

SECTION VI – REGULATORY

29) Name on Liquor License:		
Type of Liquor License:		
30) Have you ever been assessed a fine for violation of law or ordinance related to illegal activities or the sale of alcohol? If Yes, provide details including steps taken since the violation to prevent future violations:	Yes	No
31) Has your liquor license ever been suspended or revoked? If Yes, please provide details:	Yes	No

SECTION VII – FIRE & LIFE SAFETY

32) Is your business in full compliance with state and local codes governing building construction, smoke detection, fire suppression, crowd management, emergency lighting and means of egress? If No, please explain:	Yes	No
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- | | | |
|--|-----|----|
| 33) Have you ever been cited for violation of any fire or life safety code?
If Yes, please explain: | Yes | No |
| | | |
| 34) Do you permit the use of pyrotechnics at or within your premises?
If Yes, please explain: | Yes | No |

SECTION VIII – PREMISES SECURITY

- | | | |
|---|---------|------------------------------------|
| 35) Do you conduct video surveillance of the interior and exterior of your premises including your parking lot?
If partial, please describe: | Yes | No |
| | | |
| 36) Description of site security: | | |
| Bouncers | Doormen | Independent Security Guard Service |
| Off-Duty Uniformed Police | Inside | Outside |
| Armed | Unarmed | |
| 37) Are firearms permitted on the premises? | Yes | No |
| 38) Is security provided by an independent security guard service?
If Yes: | Yes | No |
| a. Please list the independent security guard service's name and street address: | | |
| | | |
| b. Do you execute a written contract with the independent security guard service? | Yes | No |
| c. Does the contract require the independent security guard service to defend and indemnify you to the fullest extent permitted by law? | Yes | No |
| d. Does the contract require the independent security guard service to maintain Commercial General Liability insurance with limits of insurance equal to or greater than \$1,000,000 each occurrence / \$1,000,000 aggregate, and include you as an additional insured? | Yes | No |
| e. Do you obtain a Certificate of Insurance to confirm the independent security guard service is in compliance with your contract? | Yes | No |

SECTION IX – GENERAL LIABILITY / LIQUOR LIABILITY CARRIER & LOSS HISTORY

39) Five year carrier and loss history (or check here if no insured or uninsured losses in five years)::

Policy Period	Carrier	SIR / Deductible	Claims Valuation Date	# Claims	Reserves	Paid	Total Incurred

40) Are you aware of any event, incident, condition or circumstance that may result in a claim against you that is not listed above?
If Yes, please attach an explanation.

Yes No

SECTION X – LOSS HISTORY DETAILS

41) Describe any liquor liability losses (whether or not covered by insurance) claimed or sustained within the past five years including: (a) amounts paid or reserved for damages or expenses; and (b) corrective actions you have since taken to prevent similar losses:

42) Describe any losses (whether or not covered by insurance) involving assault or battery claimed or sustained within the past five years including: (a) amounts paid or reserved for damages or expenses; and (b) corrective actions you have since taken to prevent similar losses:

SECTION XI – CURRENT LIQUOR LIABILITY INSURANCE PROGRAM

43) Current Carrier:

Limits:

Deductible:

Premium:

Rate:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: 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 may 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.

Applicable in all other 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 conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.