



LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

DATE (MM/DD/YYYY)

NAME (First Named Insured) AND MAILING ADDRESS		AGENCY	
PROPOSED EFF DATE	PROPOSED EXP DATE	CODE:	
		CONTACT NAME:	

SUPPLEMENTAL QUESTIONS

		YES	NO
1. NAME LIQUOR LICENSE IS IN: _____			
2. LIQUOR LICENSE NUMBER: _____			
3. CLASS OF LICENSE & TYPE OF ALCOHOLIC BEVERAGES SOLD: _____			
4. NUMBER OF YEARS IN BUSINESS: _____			
5. HAS YOUR ALCOHOLIC BEVERAGE LICENSE EVER BEEN REVOKED OR SUSPENDED? HAVE YOU HAD ANY LIQUOR LIABILITY CLAIMS IN THE LAST FIVE YEARS? IF YES, PLEASE EXPLAIN: _____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. PREVIOUS LIQUOR LIABILITY INSURER (GIVE FULL NAME OF INSURANCE COMPANY) _____ HAS YOUR LIQUOR LIABILITY INSURANCE BEEN CANCELLED OR NON-RENEWED IN THE LAST FIVE YEARS? (NOT APPLICABLE IN MISSOURI) IF YES, PLEASE EXPLAIN: _____		<input type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU EVER BEEN FINED BY ALCOHOL BEVERAGE CONTROL OR OTHER REGULATOR IF YES, PLEASE EXPLAIN: _____		<input type="checkbox"/>	<input type="checkbox"/>
8. HOURS OF OPERATION: _____ HOURS KITCHEN STAYS OPEN: _____ HOURS YOU SERVE ALCOHOL BEVERAGES: _____			
9. TOTAL RECEIPTS: _____ LIQUOR RECEIPTS: _____ BEER RECEIPTS: _____ WINE RECEIPTS: _____			
10. AVERAGE AGE OF PATRONS: _____			
11. TYPE OF PATRONS: <input type="checkbox"/> AREA RESIDENTS <input type="checkbox"/> AREA WORKERS <input type="checkbox"/> TOURISTS <input type="checkbox"/> COLLEGE STUDENTS <input type="checkbox"/> OTHER _____			
12. AT WHAT LOCATION ARE ID'S CHECKED AND HOW OFTEN? _____ IS THERE A COVER CHARGE? IF YES, HOW MUCH? _____		<input type="checkbox"/>	<input type="checkbox"/>
13. IS THERE ANY KIND OF ENTERTAINMENT/GAMES? _____			

		YES	NO
14.	DESCRIBE SIGNAGE FOR RULES AND REGULATIONS.		
	ARE THEY CLEARLY DISPLAYED? _____		
15.	IS THERE AN OUTSIDE ENTRANCE TO THE LOUNGE?	<input type="checkbox"/>	<input type="checkbox"/>
16.	ARE PATRONS ALLOWED TO CARRY ALCOHOLIC BEVERAGES ONTO THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
	ARE PATRONS ALLOWED TO CARRY ALCOHOLIC BEVERAGES OFF OF THE PREMISES? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>
17.	NUMBER OF SERVERS AND BARTENDERS, EXPLAIN:		
	DO ALL SERVERS AND BARTENDERS RECEIVE FORMALIZED ALCOHOL AWARENESS TRAINING? IF YES, WHO PROVIDES THE TRAINING? _____		
	ARE CERTIFICATES OF COMPLETION AVAILABLE FOR EXAMINATIONS?		
18.	PLEASE MARK WHETHER OR NOT THE FORMALIZED ALCOHOL AWARENESS TRAINING INCLUDES THE FOLLOWING:		
a.	IDENTIFICATION OF UNDERAGE DRINKERS AND FALSE ID'S	<input type="checkbox"/>	<input type="checkbox"/>
b.	RECOGNIZATION OF INTOXICATED CUSTOMERS	<input type="checkbox"/>	<input type="checkbox"/>
c.	HOW TO HANDLE INTOXICATED PERSONS	<input type="checkbox"/>	<input type="checkbox"/>
d.	DOCUMENTATION OF ANY ALCOHOL RELATED INCIDENTS	<input type="checkbox"/>	<input type="checkbox"/>
e.	THE LIABILITY EXPOSURE ASSOCIATED WITH LIQUOR CLAIMS	<input type="checkbox"/>	<input type="checkbox"/>
19.	HOW OFTEN ARE THE RULES REVIEWED WITH SERVICE STAFF? _____		
20.	IS THERE A LIMIT PLACED ON THE QUANTITY OF ALCOHOLIC BEVERAGES PURCHASED AT ONE TIME?	<input type="checkbox"/>	<input type="checkbox"/>
	EXPALIN: _____		
21.	ARE CAB SERVICES PROVIDED, EASILY ACCESSIBLE?	<input type="checkbox"/>	<input type="checkbox"/>
	IS THERE A DESIGNATED DRIVER PROGRAM IN PLACE?	<input type="checkbox"/>	<input type="checkbox"/>
22.	IS THERE A "HAPPY HOUR" OR 2 FOR 1 DRINK SPECIAL?	<input type="checkbox"/>	<input type="checkbox"/>
	IF YES, PLEASE EXPALIN:		
23.	DESCRIBE THE NUMBER AND TYPE OF SECURITY PERSONNNEL (OFF-DUTY POLICE, PRIVATE SECURITY, ARMED OR UNARMED, ETC):		