



# LIQUOR LIABILITY APPLICATION

(USE WITH ACORD COMMERCIAL INSURANCE APPLICATION - APPLICANT INFORMATION SECTION)

NOTE: Incomplete applications or applications unsigned by the applicant are unacceptable.

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	If a renewal, provide expiring policy number _____
<b>APPLICANT INFORMATION:</b>		
<b>1. Licensee:</b>		
Named Insured (Legal Licensee as shown on License including any DBA): _____		
Mailing Address (of Licensee): _____		
Location Address: _____		
Phone number: _____ Email Address: _____ Licensee's Website Address: _____		
Licensee is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust		
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other Organization, including a Corporation		
Is GL coverage in place or being applied for? _____ Is Assault or Battery excluded? _____		
<b>2. Effective Dates/ Limits of Liability Requested:</b> \$ _____ Each Common Cause		
Proposed Effective Date: From _____ To _____ \$ _____ Aggregate		
<b>3. Liquor License:</b>		
Type of License <input type="checkbox"/> On-Premises <input type="checkbox"/> Off-Premises <input type="checkbox"/> Beer/Wine <input type="checkbox"/> Liquor License #: _____		
<b>4. Experience:</b>		
Years the insured has been in business? _____ Years the insured has been at this location? _____		
<b>TYPE OF RISK:</b>		
<b>5. Type of Business</b> (check all applicable):		
<input type="checkbox"/> Bar, Sports Bar, Tavern, Microbrewery restaurants with >30% alcohol with Entertainment,	<input type="checkbox"/> Nightclub, Cabaret or Comedy Club ( <b>Refer</b> )	
<input type="checkbox"/> Bar, Sports Bar, Tavern, Microbrewery >30% alcohol without Entertainment	<input type="checkbox"/> Private Club	
<input type="checkbox"/> Bowling Lanes, Billiard or Pool Hall	<input type="checkbox"/> Off- Premises alcohol sales <b>ONLY</b> (including Caterers, Distributors, Convenience Stores, etc.)	
<input type="checkbox"/> Gentlemen's Club/Adult club	<input type="checkbox"/> Restaurant with alcohol ≤ 30%	
	<input type="checkbox"/> Restaurant without alcohol sales	
	<input type="checkbox"/> Other (describe): _____	
<b>6. Patron Age Group:</b>		
<input type="checkbox"/> 18-25 Yrs <input type="checkbox"/> 26-35 Yrs <input type="checkbox"/> > 35 Yrs Are minors allowed on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what types of controls are in place to prevent the sale of alcohol to minors? _____		
<b>7. Hours of Operation:</b>		
What are the daily operating hours? Sunday _____ Monday _____ Tuesday _____ Wednesday _____		
Thursday _____ Friday _____ Saturday _____		
What is the latest hour the establishment will ever stay open? _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> 24 hours		
What time do you stop selling or serving alcohol? _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> 24 hours		
Is this establishment open later than <i>like</i> establishments in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>RISK CHARACTERISTICS:</b>		
<b>8. Seating Capacity:</b> Total Premises: _____ Dining Areas _____ Bar Areas: _____		
<b>9. Entertainment, Promotions, or Amusement Devices on premises:</b> (check applicable or describe in Remarks):		
<input type="checkbox"/> Bands of 3 or more persons (describe)	<input type="checkbox"/> Gaming	<input type="checkbox"/> Pool Tables
<input type="checkbox"/> Bowling Lanes	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Pyrotechnics
<input type="checkbox"/> Basketball	<input type="checkbox"/> Karaoke (describe)	<input type="checkbox"/> Shuffleboards
<input type="checkbox"/> Bungee Jumping	<input type="checkbox"/> Mechanical Bull	<input type="checkbox"/> Standup Comedy (describe)
<input type="checkbox"/> Dart Lanes	<input type="checkbox"/> Nudity (describe)	<input type="checkbox"/> Swimming Pool or Lake
<input type="checkbox"/> Dinner Theater (describe)	<input type="checkbox"/> Midget/Go-Kart racing	<input type="checkbox"/> Trampoline
<input type="checkbox"/> Disc Jockey (describe)	<input type="checkbox"/> Mud Wrestling (describe)	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Dunk Tank	<input type="checkbox"/> Piano/Guitar (describe)	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Electronic Games	<input type="checkbox"/> Pinball Machines	<input type="checkbox"/> Live Entertainment (describe)



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<b>10. Dance floor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	How many bar areas? _____
<b>11. Area:</b> Total Premises: _____ Dining/Bar Areas: _____ Dance Floor: _____	
<b>12. BYOB:</b> Is there a "Brown Bag" or "BYOB" policy in place at this establishment, where patrons may bring their own alcoholic beverages for consumption either during the establishment open hours, or after hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the serving policy	
<b>13. Off-premises operations:</b> Any off-premises events? <input type="checkbox"/> Yes <input type="checkbox"/> No Catering? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, catering receipts for past 12 months: _____ Are alcoholic beverages supplied by you? <input type="checkbox"/> Yes <input type="checkbox"/> No Is bartender supplied by you? <input type="checkbox"/> Yes <input type="checkbox"/> No Is food supplied at all catered events? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Parking:</b> <input type="checkbox"/> Lot on premises <input type="checkbox"/> Street parking <input type="checkbox"/> Public parking adjacent to premises <input type="checkbox"/> Valet parking a. If lot on premises, number of spaces: _____ b. Estimated daily number of 'walk-in' trade: _____ c. Do you operate a "drive-thru" facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to "c": d. Do you sell open containers or ready made cocktails? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to "d", the entire risk is <b>PROHIBITED</b> .	
<b>15. Location of Premises:</b> <input type="checkbox"/> Inside Corporate limits of city/village/town If no, how far outside (miles)? _____ a. On or near a college or university campus? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of college/university, and contact your company Underwriter for prior approval: _____ b. On or near a military base or installation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of military base/installation, and contact your company Underwriter for prior approval: _____	
<b>ANNUAL GROSS RECEIPTS:</b>	
	<u>Food</u> <u>Beverage</u> <u>Package</u> <u>Other</u> (describe)
<b>16. Policy Year (estimated)</b>	\$ _____                      \$ _____                      \$ _____                      \$ _____
<b>Last Year (actual)</b>	\$ _____                      \$ _____                      \$ _____                      \$ _____
Are beverage sales limited to beer/wine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Liquor receipts as a percentage of total receipts: Policy Year (est.) _____% Last Year (actual) _____%	
<b>VIOLATIONS/CLAIMS EXPERIENCE:</b>	
<b>17.</b> Has liquor license ever been suspended or revoked? <input type="checkbox"/> Yes (give details in remarks) <input type="checkbox"/> No	
<b>18.</b> Within the past three years has applicant received any violations, fines or citations from local law enforcement, liquor control board, department of health or sanitation, bureau of ATF or other local, state or federal agencies? <input type="checkbox"/> Yes (give details in remarks) <input type="checkbox"/> No	
<b>19.</b> Has any company cancelled or refused coverage during the past three years? <input type="checkbox"/> Yes (give details in remarks) <input type="checkbox"/> No	
<b>20.</b> Any claims made in the past three years? <input type="checkbox"/> Yes (give details in remarks) <input type="checkbox"/> No a. If yes above, any claims arising out of assault with a weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes above, two or more claims arising out of customers and their automobiles? <input type="checkbox"/> Yes <input type="checkbox"/> No c. If yes above, three or more in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No Details of claim(s): _____	
<b>21. Previous Insurance Carriers</b> (name of carrier, policy numbers, years of coverage): Previous term: _____ Next previous term: _____ Next previous term: _____	



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## SECURITY/ALCOHOL AWARENESS:

22. Any security present:  Yes  No If Yes, Describe: \_\_\_\_\_

23. Are security persons, including bouncers:

- a. Employees, independent service, on/off duty police? (describe) \_\_\_\_\_
- b. If other than employees, are Certificates of Insurance obtained:  Yes  No
- c. Is Security:  Armed  Unarmed
- d. Is conflict avoidance training provided for security staff:  Yes  No

Number of employed: Security: \_\_\_\_\_ Bar Tenders: \_\_\_\_\_ Wait Persons: \_\_\_\_\_ Liquor Servers: \_\_\_\_\_

24. Number of police calls within the last year \_\_\_\_\_

25. Are ALL patrons' IDs checked?  Yes  No Describe ID verification procedures: \_\_\_\_\_

26. Alcohol Awareness Program (TIPS, Learn 2 Serve, etc.) provided for ALL liquor servers, bar and wait staff?  
 Yes  No

Please list several key aspects of your awareness program (ex. drink count / documentation / alert bartender – manager, etc.): \_\_\_\_\_

27. Are identified intoxicated patrons offered: Coffee/Food?  Yes  No Taxi Cab Home?  Yes  No

## ADDITIONAL INSURED:

28. If risk is tenant occupied is the owner of the premises required to be named as an additional insured?  
 Yes  No

If yes, please provide the following information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

## REMARKS:

\_\_\_\_\_

**SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

### FRAUD NOTICES:

**PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.**

#### **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**

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).

#### **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



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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 OK**

WARNING: 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).

**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 Other States:**

WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.**

<b>Applicant Name (Name of Company)</b>	<b>Producer's Name</b>
<b>Signature of Authorized Representative</b>	<b>Producer's Signature</b>
<b>Print Name</b>	<b>Producer's Phone</b>
<b>Title</b>	<b>Producer's Fax</b>
<b>Date</b>	<b>Producer's Email</b>