Liquor Liability Application
(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name _____

Mailing Address _____

_____

Location #1 _____

Complete a separate application for each location.

Agent Name _____

Address _____

_____

PROPOSED EFFECTIVE DATE:

From _____ **To** _____

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

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
$,000	$,000

PLEASE ANSWER ALL QUESTIONS

1. **Type of risk:**

   ☐ Convenience/Grocery Store ☐ Bar/Tavern ☐ Catering Service ☐ Special Event Vendor
   ☐ Package Store ☐ Restaurant ☐ Liquor Manufacturer/Microbrewery
   ☐ Night Clubs ☐ Comedy Clubs ☐ Gentlemen's/Strip Clubs ☐ Casino
   ☐ Wholesaler/Distributor ☐ Other(Describe) _____

2. **Type of ownership:** ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

3. **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? _____

4. **Name on liquor license** _____ **Type of liquor license** _____

5. **Square foot area of establishment** _____ **(Maximum Occupancy)** _____

6. **Premises within city limits?** .... ☐ Yes ☐ No

7. **Have all servers been through any server training (tips, tops)?** .... ☐ Yes ☐ No

   Type of course _____
   How often required? _____ **Ride home policy?** .... ☐ Yes ☐ No

8. **Number of servers** _____

9. **How often does manager review liquor liability laws with employees** (including penalties for serving intoxicated customers)? _____

10. **Procedures in place regulating the sale of alcohol to minors or those under the influence?** ...... ☐ Yes ☐ No

    If Yes, describe: _____
    How is age of customer verified? _____

11. **Type of clientele:** ☐ Area Residents ☐ Area Workers ☐ Tourists ☐ College ☐ Other _____

12. **Percent of clientele:** Under 25 ___% 25-30 ___% Over 30 ___%

13. **Type of area:** ☐ Industrial or Commercial ☐ Residential ☐ Rural ☐ Other _____

    Located on or near college campus? .... ☐ Yes ☐ No

14. **How many years has applicant been in business?** _____

15. **How many years has applicant been at this location?** _____

16. **How many days per week is location open?** _____

17. **What time does location close?** _____ **Hours of serving?** _____

18. **Is there a cover charge?** .... ☐ Yes ☐ No

    If Yes, what is the amount? $_____

19. **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

20. **Are patrons allowed to BYOB (Bring Your Own Booze)?** .... ☐ Yes ☐ No

21. **Security Activities:**

    ☐ Bouncers   ☐ Doorman   ☐ Off Duty Police

    ☐ Contracted Security Firms: ☐ inside ☐ outside   ☐ armed   ☐ unarmed

    Any firearms kept or carried on the premises?.................................... ☐ Yes ☐ No

22. **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 _____

23. **Estimated liquor receipts: $**_____ **Other receipts: $**_____

24. **Percent of receipts for on-premises consumption:**_____%

25. **Percent of receipts for off-premises consumption:**_____%

26. **Estimated food receipts: $**_____

27. **Percentage of liquor receipts to total receipts:**_____%

28. **Prior carrier:** _____ **Policy number:** _____

29. **Has applicant had any claims?** .... ☐ Yes ☐ No

    If Yes, give details: _____

30. **SPECIAL EVENTS: (**If GL also being written with liquor, include Special Event Application.)

    - **Type and purpose of event** _____

    - **Describe entertainment if provided for event** _____

    - **Location of event (provide diagram of area when possible)** _____

    - **Attach a brochure/flyer; advertisement if available.**

    - **Hours of event** _____**Daily attendance** _____ **Number of days** _____

    - **Is alcohol being served in a controlled or fenced off area?** _____

    - **Can alcohol be consumed away from the area where served?** _____

    - **Can alcohol be brought in by attendees?** _____

    - **Who will check ID's and when?** _____

    - **After ID's are checked, are wrist bands used or hand stamps?** _____

    - **Will there be professional bartenders?** .... ☐ Yes ☐ No

      If so, how many? _____

    - **Is the applicant the sole vendor of alcohol?** .... ☐ Yes ☐ No

If not, are all vendors required to carry liquor coverage? .... ☐ Yes ☐ No

31. Manufacturer:

Tours of Facility? .... ☐ Yes ☐ No

Free Samples given? .... ☐ Yes ☐ No

If Yes, how is quantity controlled? _____

32. Distributor:

Any Sponsored Events? .... ☐ Yes ☐ No

If Yes, describe: _____

Policy for giving away alcoholic beverages by Sponsor? .... ☐ Yes ☐ No

If Yes, describe: _____

33. Caterers:

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

Does caterer provide liquor or just bartending service? .... ☐ Yes ☐ No

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING

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.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

_____   _____
Named Insured Signature   Date

_____   _____
Producing Agent Signature   Date

Agent Name _____ Agent License Number _____