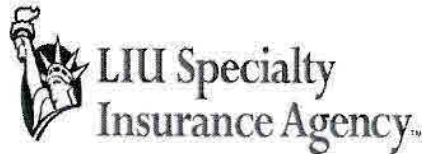


Liquor Liability Application

Must be completed in full and signed by applicant.

New Renewal of Policy Number: _____
Requested Effective Date: _____



INSURED INFORMATION

Complete separate applications for each location and attach 5 years loss runs if applicable.

1. Name of applicant (show all names including legal and dba) _____
2. Mailing Address _____
3. Location Address _____
Number of Stories: _____ Any Patrons on other Floors: Yes No
What are other floors used for? _____
Automatic Sprinklers? Yes No Central Station Fire Alarm? Yes No
Second Floor Capacity: _____ Describe 2nd floor exits? _____
4. Website Address: _____
5. Name and phone number of Contact Person: _____
6. The applicant is:
 Individual Partnership Corporation Other (describe) _____
7. Does applicant have a valid liquor license? Yes No License # _____
Name on license: _____
8. Previous liquor liability carrier: _____ Policy # _____
Limits: _____ Annual Premium: _____
9. Name of General Liability Insurance Company: _____ Expiration Date: _____
Policy Limits: Occurrence: _____ Aggregate: _____ Does GL exclude Assault & Battery? Yes No
10. Desired Limits: Each Common Cause: _____ Aggregate: _____
11. Within the past 5 years, has applicant's liquor coverage been cancelled or non-renewed? Yes No
If yes, please explain on Page 3, in the space provided.
12. Has your liquor license ever been suspended or revoked? Yes No
If yes, please explain on Page 3, in the space provided.
13. Has applicant or any owner, officer or partner filed bankruptcy in the last 5 years? Yes No

CLAIMS/VIOLATIONS

14. Violations: Within the last 5 years, has applicant been fined or cited for violations related to illegal activities or the sale or service of alcohol? Yes No
If yes, please provide details and dates of citations on Page 3, in the space provided.
15. Claims:
If you answer "Yes" to question 15a, 15b or 15c, please provide date(s), description of claim(s) and status on Page 3, in the space provided.
 - a) Within the last 5 years, has the applicant had any reported liquor liability claims or notification of potential liquor liability claims? Yes No
 - b) Within the past 5 years, has the applicant had any reported assault & battery claims or notification of potential claims related to assault & battery? Yes No
 - c) Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you? Yes No

TYPE OF RISK/EMPLOYEES/MANAGEMENT

16. Are all alcohol serving employees certified in a formal alcohol training course? Yes No
If yes, provide name of course (e.g., TIPS, TAM, RAMP, BEST, etc.) _____
17. Type of business (check all that apply):
 Bar/Tavern Retail/Take Out/Package/Convenience Store Private/Fraternal Club
 Bowling Alley Gas No Gas Members Only? Yes No
 Billiard/Pool Hall Country Club
 Adult Night Club or Bar Restaurant Catering/Banquet Hall Off-Premises Caterer
 Concessionaire Casino Other (describe): _____
18. How long has current owner been in business at this location? _____ If five years or less, describe prior experience: _____
19. How many days per week is location open? _____
20. Hours of operation: Mon-Thurs: _____ Fri: _____ Sat: _____ Sun: _____
21. What hours is a Regular Full-Time Manager on duty? _____ How many years has Manager worked at this establishment? _____
If five years or less, describe prior experience on Page 3, in the space provided

PREMIUM BASIS

22. a) Gross annual receipts:

	Past 12 Months	Next 12 Months	
Food:	\$ _____	\$ _____	Describe other: _____
Alcohol	\$ _____	\$ _____	
Other:	\$ _____	\$ _____	
Total:	\$ _____	\$ _____	

b) If applicant engages in sale of alcoholic beverages for on-premise & off-premise consumption, provide receipts for each:

	On Premise	Off Premise
Food:	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____
Total:	\$ _____	\$ _____

PROCEDURES

23. What is the distance to other establishments serving alcohol? _____

24. Are employees permitted to consume alcohol during their hours of employment? Yes No

25. What is the average age of waitstaff? _____ 26. What is the distance to the nearest college campus? _____

27. What is the average age of patrons? Under 21 21-25 26-30 31-40 41+

28. Does applicant offer: Happy Hours or other Promotional Events? Yes No

Multiple drink incentives (i.e., 2 for 1s, every 3rd drink is free, etc.?) Yes No

Drink specials before 4 p.m. and/or after 7 p.m.? Yes No

Complimentary drinks or "all you can drink" specials? Yes No

Are flaming or ignited drinks served? Yes No

Are bar surfaces, tables or floors ever covered with alcoholic beverages and ignited? Yes No

Are drinks larger than 16 ounces served? Yes No

If yes, describe type of drink(s), prices and time(s) offered: _____

What is the average cost of beer? Bottle _____ Draft _____

What is the average cost of wine? Glass _____ Bottle _____

What is the average cost of house whiskey? _____

29. Does applicant permit "BYOB" or set-ups? Yes No If yes, explain: _____

30. Seating capacity in dining room: _____ Bar area: _____ ever been cited for overcrowding? Yes No

31. If alcohol sales equal or exceed food receipts, are persons under the legal drinking age allowed on premises after 10 p.m.? Yes No

If no, please describe how this is enforced on Page 3, in the space provided.

32. Are bouncers or doormen employed? Yes No

33. Are Security Guards employed? Yes No

If yes: Armed? Yes No Off Duty Police? Yes No

Are background checks done on the security staff? Yes No

ENTERTAINMENT

34. Does applicant feature any entertainment or other promotional events? Yes No

If Yes How Often? 0-12 times per year 1-3 times per week

13-51 times per year 4+ times per week

Is there a cover charge? Yes No If yes, how much? _____

Entertainment is: DJ Jukebox Karaoke Solo Vocalist Foam Party Band

Comedy Club Adult entertainment/exotic dancing

Stage/floor show or contests (describe): _____

Other promotional event (describe): _____

Describe type of music:

Top 40s/pop Classic Rock Soft Rock Alternative Country

Jazz R&B RAP Other: _____

Is there a dance floor? Yes No If yes, square footage: _____

Any raised or elevated dancing areas? Yes No If yes, describe: _____

35. How many of the following amusement devices are on premises?

Electronic/Video Game Pinball Machine Foosball, Table Hockey, etc.

Pool Table Mechanical Bull Darts Gaming/Gambling

Other (describe): _____

36. Are facilities available for banquets, receptions, weddings, private affairs, etc.? Yes No

If yes, how many functions are handled annually? _____ Describe types: _____

Describe who is dispensing the alcohol: _____

PREVENTATIVE

- 37. Is there an established procedure for handling violent or disruptive patrons? Yes No
If yes, please explain in the space provided below.
- 38. Do you provide 3rd Party transportation i.e. cabs? Yes No
- 39. Are any actions taken to prevent obviously intoxicated persons from driving? Yes No
If yes, please explain in the space provided below.
- 40. What steps are taken to avoid serving alcohol to persons under age? _____

Additional explanation of any response. Indicate question number:

FRAUD STATEMENT: Any person who knowingly and with the 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

WARRANTIES: I/we warrant the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent. I/we warrant that premises liability coverage will be maintained at limits at least equal to the liquor liability limits during the entire term of the liquor policy. I/we agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the period of coverage, if requested.

Signature of Applicant ** _____ Title _____ Date _____
 (Must be owner, office or partner) (Required) (Required)

*Signing this application does not require the insurer to issue a policy of insurance or require the applicant to accept the insurance offered.

**The undersigned hereby warrants and certifies that all information contained herein is correct; That this form was completed and then signed by the insured/applicant; That a completed copy hereof has been given to the insured/applicant; and that I am retaining a duplicate signed copy hereof.

 Signature of Producing Agent** Date _____

Producing Agency: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Fax Number: _____