



# LIQUOR LIABILITY SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Website Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy Number: \_\_\_\_\_

1. Name on Liquor License: \_\_\_\_\_

**(Note: name must be the same as Named Insured)**

2. Applicant is:  Individual  Partnership  Corporation  Joint Venture  Other: \_\_\_\_\_

3. Requested effective date of Liquor Liability Coverage: \_\_\_\_\_

4. Requested Limits of Insurance (Each Common Cause/Aggregate):

- \$50,000/\$50,000                       \$300,000/\$300,000                       \$500,000/\$1,000,000
- \$50,000/\$100,000                       \$300,000/\$600,000                       \$1,000,000/\$1,000,000
- \$100,000/\$100,000                       \$500,000/\$500,000                       \$1,000,000/\$2,000,000
- \$100,000/\$200,000

5. Liquor License type(s): \_\_\_\_\_ License #: \_\_\_\_\_

6. Is the applicant a member of the National Restaurant Association?  Yes  No

If yes, provide number: \_\_\_\_\_

7. Days and hours of operation: \_\_\_\_\_

a. What is the latest hour the establishment will ever stay open? \_\_\_\_\_  AM  PM  24 Hours

b. What time do you stop selling or serving alcohol? \_\_\_\_\_  AM  PM  24 Hours

8. Location type:  Bar or Tavern                       Convenience Store                       Pool Halls  
 ("X" all applicable):  Bowling Alley                       Distributor/Wholesaler                       Private Club  
 Casino                       Motel/Hotel                       Restaurant  
 Caterer/Hall                       Night Club                       Special Event  
 Country Club                       Package or Grocery Stores                       Sports Bar  
 Other: \_\_\_\_\_

9. Indicate location area type:  Residential  Resort  Rural  Suburban  Industrial  
 Downtown  Commercial (Non-Industrial)

10. Predominant age of patrons:  21 – 25                       26 – 35                       36 – 50                       51 and over

11. Does applicant allow anyone under 21 on premises?  Yes  No

If yes, explain: \_\_\_\_\_

12. Receipts:	<u>Last 12 Months</u>	<u>Estimated Next 12 Months</u>
a. Alcoholic Beverages	_____	_____
b. Food	_____	_____
c. Other: _____	_____	_____
d. Total Gross Receipts	_____	_____

13. Are Bouncers or Security provided?  Yes  No  
 If 'Yes', are they:  
 a.  Armed  Unarmed How many? \_\_\_\_\_  
 b.  Employee  Independent or Contracted  Off Duty Police Officers  
 c. If Independent or Contracted or Off Duty Policy Officers, indicate if they are required to provide:  
 Certificate of Insurance  Hold Harmless Agreement
14. Is there a door or cover charge?  Yes  No
15. Does the applicant have a doorman?  Yes  No  
 If yes, provide number on duty at one time: \_\_\_\_\_
16. Does applicant have ID checkers?  Yes  No  
 If yes, provide number on duty at one time: \_\_\_\_\_
17. "X" any of the following provided or sponsored by the applicant:  
 2 for 1 Drinks  Free Alcoholic Drinks  Double for Single Prices  Singles Night  
 Ladies Night  Athletic Contest or Events  Late Night Happy Hour  Drink Specials
18. Does applicant have any of the following:  
 Dance Floor: \_\_\_\_\_ sq. ft.  Pool Tables: # \_\_\_\_\_  Karaoke  
 Pinball Machines: # \_\_\_\_\_  Dart Board  Disc Jockey  
 Exotic Dancers: # \_\_\_\_\_  Movies/Videos  Live Music - Solo Artist  
 Full Nudity  Video Games  Live Music - Groups  
 Partial Nudity  Comedy Shows  Mechanical Rides  
 Describe in detail any box with an "X" above (include number of days per week, type of music, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Number of patrons on premises at any one time: Maximum: \_\_\_\_\_ Average: \_\_\_\_\_
20. Maximum number of employees (including owners and managers) on duty at any one time: \_\_\_\_\_
21. Number of bartenders: \_\_\_\_\_ Number of other employees serving alcoholic beverages: \_\_\_\_\_
22. Has applicant or this establishment ever:  
 a. Been charged, cited or fined by ABC commissions or other governmental regulator?  Yes  No  
 b. Had its alcohol beverage license suspended or revoked?  Yes  No  
 If yes, explain: \_\_\_\_\_
23. Does applicant have a certified alcohol awareness training program for the prevention of alcohol abuse?  Yes  No  
 If yes, complete the following:  
 a. Name of program: \_\_\_\_\_  
 b. Are all servers trained within sixty (60) days of employment?  Yes  No  
 c. Do you provide written procedures to employees regarding service to minors and intoxicated persons?  Yes  No  
 d. Do you provide free rides home to intoxicated persons?  Yes  No

24. Show liquor liability insurer(s) for the past five (5) years:

	Carrier Name	Policy Number	Policy Period	Limits
Year 1			to	
Year 2			to	
Year 3			to	
Year 4			to	
Year 5			to	

25. List any liquor liability claims insured or uninsured in the past five (5) years:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

26. Provide current General Liability carrier, policy term and limits:

Carrier Name	Policy Number	Policy Period	Limits
		to	

27. Is assault and/or battery excluded on current General Liability policy?  Yes  No

28. Was your last liability coverage on a claims-made coverage form?  Yes  No

29. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application?  Yes  No

If yes, explain in detail including name of injured party and date of incident: \_\_\_\_\_

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**NOTICE TO APPLICANTS (EXCEPT CO & NY):**

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 a crime and may be subject to fines or confinement in prison.

**NOTICE TO COLORADO APPLICANTS:**

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO NEW YORK APPLICANTS:**

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.

_____	_____	_____
Applicant Name	Applicant Signature	Date

_____	_____	_____
Producer Name	Producer Signature	Date