



LIQUOR LIABILITY APPLICATION

Applicant Name:

Mailing Address:

Website:

Inspection Contact

Inspection Contact Phone No.

Agent's Name:

Address:

Proposed Effective Date:
From: To:

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

COVERAGE INFORMATION

Liquor Liability Limits Requested:

- \$100,000 Each Common Cause / \$100,000 Aggregate
 \$500,000 Each Common Cause / \$500,000 Aggregate
 \$300,000 Each Common Cause / \$300,000 Aggregate
 \$1,000,000 Each Common Cause / \$1,000,000 Aggregate
 Other: \$ Each Common Cause / \$ Aggregate

Is Assault or Battery Coverage Needed?

Yes No

If yes, please indicate the desired limit:

- \$25,000 Each Common Cause / \$25,000 Aggregate
 \$100,000 Each Common Cause / \$100,000 Aggregate
 \$50,000 Each Common Cause / \$50,000 Aggregate
 \$250,000 Each Common Cause / \$250,000 Aggregate
 Other: \$ Each Common Cause / \$ Aggregate

BUSINESS TYPE

- | | | |
|---|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Nightclub | <input type="checkbox"/> Casino | <input type="checkbox"/> Bowling Alley |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Package Store | <input type="checkbox"/> Grocery Store/Supermarket |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Club (Country, Golf) | <input type="checkbox"/> BYO Establishment |
| <input type="checkbox"/> Banquet Facility | <input type="checkbox"/> Catering Service | |
| <input type="checkbox"/> Liquor Manufacturer | <input type="checkbox"/> Brewery/Microbrewery | <input type="checkbox"/> Winery |
| <input type="checkbox"/> Other (Describe): <input type="text"/> | | |

ESTIMATED GROSS SALES

	Alcoholic Beverages On-Premises Consumption	Alcoholic Beverages Off-Premises Consumption	Food	Total Food and Liquor	Other*
Next 12 Months					
Past 12 Months					

*Describe Other Sales

Average price per drink- Beer: Wine: Liquor:

DESCRIPTION OF FACILITIES & ACTIVITIES

1. Name and Address of Location To Be Insured:

Except for retail or wholesale operations, complete a separate application for each location. For retail or wholesale operations with more than one location and no on-premises consumption of alcoholic beverages, complete the Admiral Retail/Wholesale Multiple Location Supplemental Application.)

2. Years in Business Years at Current Location

3. Establishment Square Footage: Restaurant: Bar: Other (Describe):

4. Maximum Occupancy: Restaurant: Bar: Other (Describe):

5. Year Building First Constructed: Number of Floors: Number of Exits Per Floor:

6. Hours of Operation: Sunday: Monday - Thursday: Friday - Saturday:

7. Target Customer Age Range: % Under 25 + % 25 to 30 + % Over 30 = **100%**

8. Type of Clientele:

% Area Residents + % Area Workers + % College Students + % Tourists + % Other = **100%**

9. Types of entertainment activities:

- Live Entertainment Types:
- DJ Music Genres:
- Dancing Dance Floor Size:
- Pool Tables Number:
- Mechanical Bulls/Rides Describe:
- Swimming Pool Describe:
- Customer Contests Describe:
- Other Activities With Customer Participation:
- Special Events & Promotions:

10. Is your business situated directly on the shoreline of an ocean, lake, river, inland waterway, canal or similar body of water? Yes No

If yes:

- a. Is swimming permitted? Yes No
- b. Are boat docking facilities provided? Yes No

11. Do you offer valet parking? Yes No
12. Do you serve or sell alcoholic beverages at off-premises events? Yes No
13. Are patrons allowed to bring their own alcoholic beverages into your establishment? Yes No

LOSS CONTROL

1. Are all employees serving or selling alcoholic beverages required to be certified by a formal alcohol training program? Yes No
 If yes, please describe (TIPS, TAM, ServSafe, etc.):
2. How often must employees serving or selling alcoholic beverages obtain recertification?
3. How frequently does an owner or senior manager review applicable liquor liability laws (including penalties for serving intoxicated or underage customers) with employees?
4. Do you admit any person under the age of 21? Yes No
 If yes, please describe your procedures for preventing the service or sale of alcohol to anyone under 21:
5. Prior to the sale or service of alcoholic beverages, do you use an identification scanner to confirm the age of every customer? Yes No
6. Do you have a formal ride-home procedure for intoxicated customers? Yes No
 If yes, please describe:
7. Do you have a written policy prohibiting the sale or service of alcohol to any person (including employees) after public business hours? Yes No
8. Last call procedures: Time last call is made: Maximum allowable drinks at last call:
 Time customers must leave premises:
9. Do you ever have special drink promotions of any kind (happy hour, two-for-one, flights of beer, etc.)? Yes No
 If yes:
- a. Does a promotion ever last for more than three consecutive hours? Yes No
- b. Is a promotion ever offered after 9:00pm? Yes No

REGULATORY

1. Name on Liquor License: Type of Liquor License:
2. Have you ever been assessed a fine for violation of a law or ordinance related to illegal activities or the sale of alcohol? Yes No
 If yes, provide details including steps taken since the violation to prevent future violations:

3. Has your liquor license ever been suspended or revoked? Yes No

If yes, please provide details

FIRE & LIFE SAFETY

1. Is your business in full compliance with state and local codes governing building construction, smoke detection, fire suppression, crowd management, emergency lighting and means of egress? Yes No

If no, please explain:

2. Have you ever been cited for violation of any fire or life safety code? Yes No

If yes, please explain:

3. Do you permit the use of pyrotechnics at or within your premises? Yes No

If yes, please explain:

PREMISES SECURITY

1. Do you conduct video surveillance of the interior and exterior of your premises including your parking lot? Yes No

If partial, please describe:

2. Description of site security: Bouncers Doormen Independent Security Guard Service
 Off-Duty Uniformed Police Inside Outside Armed Unarmed

3. Are firearms permitted on the premises? Yes No

4. Is security provided by an independent security guard service? Yes No

If yes:

a. Please list the independent security guard service's name and street address:

b. Do you execute a written contract with the independent security guard service? Yes No

c. Does the contract require the independent security guard service to defend and indemnify you to the fullest extent permitted by law? Yes No

d. Does the contract require the independent security guard service to maintain Commercial General Liability insurance with limits of insurance equal to or greater than \$1,000,000 each occurrence / \$1,000,000 aggregate, and include you as an Additional Insured? Yes No

e. Do you obtain a Certificate of Insurance to confirm the independent security guard service is in compliance with your contract? Yes No

GENERAL LIABILITY/LIQUOR LIABILITY CARRIER & LOSS HISTORY

1. Five year carrier and loss history (or check here if no insured or uninsured losses in five years

Policy Period	Carrier	SIR/Ded	Claims Valuation Date	# Claims	Reserves	Paid	Total Incurred

2. Are you aware of any event, incident, condition or circumstance that may result in a claim against you that is not listed above? Yes No
 If yes, please attach an explanation.

LOSS HISTORY DETAILS

1. Describe any liquor liability losses (whether or not covered by insurance) claimed or sustained within the past five years including: (a) amounts paid or reserved for damages or expenses; and (b) corrective actions you have since taken to prevent similar losses:

2. Describe any losses (whether or not covered by insurance) involving assault or battery claimed or sustained within the past five years including: (a) amounts paid or reserved for damages or expenses; and (b) corrective actions you have since taken to prevent similar losses:

CURRENT LIQUOR LIABILITY INSURANCE PROGRAM

Current Carrier Limits

Deductible Premium Rate

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Signature: Date:

Typed Name: Title: