

## LIQUOR LIABILITY APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Address:

Website:

Proposed Effective Date:

Inspection Contact

From: To:

Inspection Contact Phone No.

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

Restaurant	Bar/Tavern	Sports Bar
Nightclub	Casino	Bowling Alley
Convenience Store	Package Store	Grocery Store/Supermarket
Hotel/Motel	Club (Country, Golf)	BYO Establishment
Banquet Facility	Catering Service	
Liquor Manufacturer	Brewery/Microbrewery	Winery
Other (Describe):		

## 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:

## 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?<br>If yes, please describe (TIPS, TAM, ServSafe, etc.): | Yes                                    | No |
| 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?<br>If yes, please describe your procedures for preventing the service or sale of alcohol to anyone under 21:                       | Yes                                    | No |
| 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?<br>If yes, please describe:   | Yes                                    | No |
| 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: _____<br>Time customers must leave premises: _____  | Maximum allowable drinks at last call: |    |
| 9. Do you ever have special drink promotions of any kind (happy hour, two-for-one, flights of beer, etc.)?<br>If yes:  | Yes                                    | No |
| 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?<br>If yes, provide details including steps taken since the violation to prevent future violations: | Yes                           | No |  |

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

**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 and OK:** 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)\*. \* Applies in FL only.

**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 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 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 PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in all other States:** 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 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 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.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

*If you prefer not to return the questionnaire with an electronic signature, please print and sign.*