



Date: \_\_\_\_\_  
Agency Name: \_\_\_\_\_

### LIQUOR LAW LIABILITY APPLICATION

1. Applicant's Full Legal Name: \_\_\_\_\_

2. Limit of Liability Desired:  
 \$100,000     \$250,000     \$300,000  
 \$500,000     \$1,000,000

3. Is an Additional Insured needed?     Yes     No  
If "Yes", name is: \_\_\_\_\_  
Address is: \_\_\_\_\_  
Describe Insurable Interest: \_\_\_\_\_

4. Type of Liquor License: \_\_\_\_\_  
License Number: \_\_\_\_\_

5. Type of Establishment:  
 Bar Only     Coffee Shop     Disco     Bowling Center  
 Pizza Parlor     Membership Club     Grocer/Beer Store  
 Liquor Store     Manufacturer     Fast Food  
 Restaurant with sit down bar for customer; # of stools \_\_\_\_\_  
 Restaurant with service bar for waiters/waitresses only  
 Other  
Type of alcohol served:     Beer     Wine     Liquor  
Caterer: \_\_\_\_\_ % of Operation

6. Does applicant feature any Entertainment?     Yes     No  
If "Yes", how often? \_\_\_\_\_  
► Entertainment is:  
 DJ     Jukebox     Karaoke     Solo Vocalist  
 Band     Comedy Club     Adult Entertainment/Exotic Dancing  
 Stage/Floor Show or Contests (Describe): \_\_\_\_\_  
► Is dancing permitted?     Yes     No  
► Is there a dance floor?     Yes     No  
Any amusement devices:  
 Pool Table     Video Games     Pinball Machines  
 Foosball     Darts

7. Are facilities available for banquets, receptions or private affairs?     Yes     No  
If "Yes", how many functions are handled annually? \_\_\_\_\_  
Describe types: \_\_\_\_\_  
Is liquor served? By whom? \_\_\_\_\_  
Is liquor brought in? \_\_\_\_\_

8. Clientele:     Local Residents     Families     Retirement Community  
                   College Students     Seasonal Residents     Members Only  
Approximate age mix of customers:  
\_\_\_\_\_ % 21-25 years    \_\_\_\_\_ % 26-35 years    \_\_\_\_\_ % 36-50 years    \_\_\_\_\_ % 51 & over



9. Management:

- a. Is the principal owner active in the business?  Yes  No
- b. Describe owner's hours and responsibilities:

---



---

- c. How many years experience has applicant had at this location? \_\_\_\_\_  
At a previous location? \_\_\_\_\_

10. General Information

- a. Opening and closing hours: Opens: \_\_\_\_\_ Closes: \_\_\_\_\_  
If seasonal, dates of operation: \_\_\_\_\_

- b. Seating capacity in:  Restaurant  Bar  Banquet Facility

- c. Number of bartenders: \_\_\_\_\_
- Do you have a bouncer?  Yes  No
- Do you have:
 

Happy Hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ladies Night	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
½ Price	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specials		
Any other drink promotions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes", describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Insurance History:

- a. Previous liquor liability insurer (give full name of company) \_\_\_\_\_  
Policy #: \_\_\_\_\_ Policy Term: \_\_\_\_\_
- b. Within the past 5 years, has applicant's liquor coverage been cancelled or non-renewed?  
 Yes  No  
If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_

- 12. Violations: Within the past 5 years, has the applicant been fined or cited for a violation of a law or ordinance related to illegal activities or the sale of alcohol?  Yes  No  
If "Yes", provide date(s) and details of citation(s): \_\_\_\_\_  
\_\_\_\_\_

Has the insured's liquor license ever been suspended or revoked?  Yes  No  
If "Yes", provide date(s) and details: \_\_\_\_\_  
\_\_\_\_\_

13. Claims:

- a. Within the past 5 years, has the applicant had any reported liquor liability claims or notification of potential liquor liability claims?  Yes  No  
If "Yes", provide date(s), description(s) and status: \_\_\_\_\_  
\_\_\_\_\_

- 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  
If "Yes", provide date(s), description(s) and status: \_\_\_\_\_  
\_\_\_\_\_



14. Within the past 5 years, has applicant's liquor coverage been cancelled or non-renewed?  Yes  No  
If "Yes", explain: \_\_\_\_\_

15. Annual Gross Sales  
Alcoholic Beverage Sales \$ \_\_\_\_\_  
Food Sales \$ \_\_\_\_\_

Catering Operations  
Food \$ \_\_\_\_\_  
Alcoholic Beverage \$ \_\_\_\_\_  
Other (list) \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

16. What specific training has been given to employees in serving/controlling alcoholic beverages? (e.g. Tips)  
When was the training given? \_\_\_\_\_

17. What are the procedures for training new employees who will have duties in serving/controlling liquor for consumption?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. What are the procedures for dealing with intoxicated customers? Any "Designated Driver" program in place? This procedure should address the potential for personal injury claims.  
\_\_\_\_\_  
\_\_\_\_\_

19. What procedures are in effect for avoiding the serving of alcoholic beverages to minors? Are Ids checked?  
\_\_\_\_\_  
\_\_\_\_\_

**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.

\_\_\_\_\_  
Signature of Insured Date