

Liquor Liability Application

Named Insured _____ Agency _____

Insured's Website _____ Effective Date _____

Applicant's Signature _____ Date _____

Section I - Risk Information (Complete for each location)

1. Type Restaurant: Family Pizza/Deli Sports Bar Fine Dining Country Club Fraternal Organization
Other (_____)
Banquet/Reception/Private Party Facilities **Y / N** Number of Events annually? _____
2. Hours of Operation: Restaurant _____ to _____ Days of the week _____
Bar _____ to _____ Days of the week _____
3. Annual Sales: From \$ _____ to \$ _____
On Premises: Food Alcohol Other (_____) Total \$ _____
Catering: Food Alcohol Other (_____) Total \$ _____
Alcohol Sales Percentage: Beer _____ % Wine _____ % Liquor _____ % (should equal 100%)
4. Is the owner active in the business as the manager? **Y / N** How long at this location? _____ years
5. Describe the owner/manager's hours and responsibilities: Hours _____ from to _____
Responsibilities: _____
6. Seating Capacity (# of people): Dining Room _____ Patio _____ Bar _____
Dance Floor? **Y / N** Capacity: (# of people) _____
7. Is the bar in a separate room with its own entrance? **Y / N**
8. Approx. age of customers: 25 yrs & under _____ % 26-40 yrs _____ % Over 40 yrs _____ % (should equal 100%)
9. Are persons under the legal drinking age allowed in the bar area? **Y / N**
10. Bar Customers: Awaiting Restaurant Service _____ % Eating in Bar _____ % Bar Only _____ % (should equal 100%)
11. Number of Bartenders _____ Wait Staff _____ Bouncers _____ Security _____
Minimum Age of Employees _____
12. Is there live entertainment or DJ on the premises? **Y / N** If yes, number of times per week _____
Describe, including type of music _____
13. Are there "game nights" on the premises (Trivia, Pool, Poker, Darts, etc)? **Y / N**
If so, which games and how frequently _____
14. Does the applicant advertise or promote "Happy Hour" or other events when drinks are sold at a lower price? **Y / N**
If yes, Describe _____
15. Drinks Served: Two at Once By the Pitcher Over 24 oz Setups or Bring Your Own Bottle
16. Can servers re-cork wine bottles for the customers to take home? **Y / N**
17. Are all bartenders and all other alcohol servers certified in a formal alcohol training course? **Y / N**
18. Are alcohol servers allowed to cutoff service to a customer? **Y / N**
19. What actions are taken to prevent intoxicated person from driving? _____
Any "ride home" procedures in place? **Y / N** Describe _____
20. Are procedures in place for unruly or violent customers? **Y / N** Describe: _____
21. Describe ID checking procedures: _____

Additional Comments: _____

Section II Manufacturing Risk Information

1. Does the applicant conduct tours of the facility? **Y / N** # of tours per year _____ Participants each tour _____
2. Are free samples provided? **Y / N** For consumption on premises? **Y / N** For consumption off premises? **Y / N**
3. How is the quantity of free samples controlled? _____
4. Are tour member's ID checked prior to providing free samples? **Y / N**

Section III Distributor Risk Information

1. Does applicant sponsor events? **Y / N** # of Events per year _____
2. Describe events _____
3. Does applicant provide "beer wagons"? **Y / N** How many beer wagons does the applicant own? _____
4. Describe controls in place for giving away beverages by Sponsor including who is responsible for checking ID?

5. Is a written contract used between the applicant and the event? **Y / N**
6. Is the event required to name the applicant as an additional insured on their policy? **Y / N**
7. Is there an entertainment policy for sales persons in regards to entertaining customers? **Y / N**
If so, please describe: _____

Section IV Retailer Risk Information

1. Are employees trained to check ID to prevent sales to minors? **Y / N**
2. Are employees trained to recognize intoxicated person? **Y / N**
3. Is a manager on duty during all hours of operation? **Y / N**
4. Type of alcohol sold: Beer _____ % Wine _____ % Liquor _____ % (Should equal 100%)
5. Hours of operation: _____ to _____ Days of the week:

Section V License Information

1. Name(s) on the license _____
2. How long has the applicant had a license for this location? _____ years
3. Has the current license or any other license held by the applicant been suspended or revoked? **Y / N**
If yes, provide details _____
4. Has any fine been paid, a citation issued or any protest/complaints/accusations been made against the applicant for illegal serving of alcohol? **Y / N** If yes, provide details _____
5. Does the license cover off premises sales of alcohol beverages? **Y / N**
6. Is the applicant in compliance with all state requirements for the serving of alcohol beverages? **Y / N**

Section VI Loss History & Prior Carrier Information

1. Has the applicant had any alcohol liability claims at this location or other locations during the past five years? **Y / N**
If so, provide details: _____
2. Does the applicant have any knowledge of potential alcohol liability claims? **Y / N**
If so, provide details: _____
3. Name of prior carrier for this location: _____
4. Has any alcohol liability policy ever been canceled or non-renewed? **Y / N**
If yes, provide details: _____
5. Attach five year hard copy loss runs.