

Liquor Liability Supplemental Application

COMPLETE IN ADDITION TO ACORD APPLICATIONS All questions must be answered in full, answer N/A if not applicable. Application must be signed and dated by the applicant.

Applicant information

Name

Mailing address

Location address

Proposed effective date from to 12:01 A.M., Standard Time (at the address of the Applicant)

Applicant is Individual Corporation Partnership Joint venture Limited Liability Company
Other (specify):

1. Name on Liquor Liability License

2. Type of Liquor License

3. Type of clientele? (Check all that apply) Area residents Area workers Tourists College students
Other

4. What are daily operating hours?

Sunday Monday Tuesday Wednesday
Thursday Friday Saturday

5. Types of entertainment, promotions, or amusement devices on premises (check all that apply and describe below)

Bands of 3 or more persons (describe)	Basketball	Bungee jumping
Dart lanes	Dinner theatre (describe)	Dunk tank
Electronic games	Gaming	Karaoke (describe)
Mechanical bull	Midget/go-kart racing	Nudity (describe)
Piano/guitar (describe)	Pinball machines	Shuffleboards
Swimming pool or lake	Trampoline	
Live entertainment (describe)	Volleyball	
	Other	

Describe all that were checked:

How often is the entertainment provided? 1-2x a week 3-5x a week 7 days a week
Other

6. Is the owner/manager actively involved in the day-to-day operations? Yes No

7. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No

8. Number of servers? Do servers work on a commission or tips only basis? Yes No

Premises information

9. How many years has the applicant been at this location?

- 10. Location of premises:**
 Premises within city limits? Yes No
 On or near military base/installation? Yes No
- 11. Type of area:** Industrial/Commercial Residential Rural Other
- 12. Located on or near a college campus?** Yes No
- 13. Square foot area of establishment? Maximum Occupancy?**
- 14. Number of exits/means of egress?**
- 15. Dance floor?** Yes No
 Area of dance floor?
- 16. How many bar areas?**
- 17. Parking?** Lot on Premises Street Parking Public Parking adjacent to premises Valet Parking
 If lot is on premises, square footage of parking lot?
 Do you operate a "drive-thru" facility? Yes No
 If **yes**, do you sell open containers or ready-made cocktails? Yes No
- 18. If risk is tenant occupied, is the owner of the premises required to be named as an additional insured?** Yes No
 If **yes**, please provide the following information: Name
 Address

Off-premises operations

- 19. Any off-premises events?** Yes No
- 20. Are alcoholic beverages supplied? If so, are they supplied by the insured?** Yes No
- 21. Is the bartender supplied to you?** Yes No

Annual gross receipts

- 22. Complete chart** Yes No

	On-premises food	Off-premises catering	Alcohol	Take out alcohol	Cover charges	Other (describe)
Policy Year (estimated)						
Last Year (actual)						

Security/alcohol awareness

- 23. Are guard employees from a contracted guard service?** Yes No
- 24. Answer the following regarding security persons including bouncers:**
 Employee's security? Yes No
 Independent service? Yes No
 If other than employees, are Certificates of Insurance Obtained with AI status in favor of Insured? Yes No
 Is conflict avoidance training provided for security staff? Yes No
- 25. Number of police calls within the last year?**
- 26. Are security cameras in use?** Yes No
 What area is covered by cameras? Interior Exterior
- 27. All servers and sellers (off premises sales) of alcohol received alcohol training?** Yes No
 If **yes**: Type of course:
 How often required:

28. Do your serving procedures address how to avoid serving minors or the intoxicated include the following:		
Checking the ID of all patrons appearing under 30 years of age?	Yes	No
Recognizing signs of impairment (i.e. red eyes, slurred speech, difficulty walking)?	Yes	No
Slowing down the pace of serving to prevent intoxication?	Yes	No
Terminating service to intoxicated people?	Yes	No
Ride home policy?	Yes	No
Employee's security?	Yes	No
Describe any other procedures to prevent serving minors or the intoxicated:		
29. Do you have "happy hour", 2-4-1 drink specials, all you can drink, or ladies' night?	Yes	No
If yes , how many hours does "happy hour" last?		
What's the latest time "happy hour" ends?		
Is last call announced?	Yes	No
Are customers allowed more than one drink at last call?	Yes	No
30. BYOB: Is there a "Brown Bag" or "BYOB" policy in place at this establishment, where patrons may bring their own alcoholic beverages for consumption either during the establishment open hours, or after hours?	Yes	No
If yes , is there a corkage fee charge?	Yes	No
Estimated annual receipts from corkage:		
Identify the serving policy		
Is BYOB permitted at banquets?	Yes	No
If yes , applicant or applicant's employees serve the alcohol or require that the lessee carry liquor liability insurance?	Yes	No
Are only beer and wine permitted for BYOB?	Yes	No
Does the wait staff monitor all alcohol consumption and request valid ID from all patrons?	Yes	No
31. How often does the manager review liquor liability laws with employees (including penalties for serving minors or intoxicated customers)?		
32. Does the applicant hire independent contractors to sell or serve alcohol?	Yes	No
If yes , does applicant mandate that all independent contractors that sell or server alcohol maintain their own liquor liability coverage at equal or greater limits, and names the applicant as an additional insured on the independent contractors liquor liability policy?		
33. Are driver's licenses scanners used?	Yes	No
34. Applicant sells beer for less than \$1.00, and/or Wine or liquor for less than \$2.00?	Yes	No
35. Is the applicant a fine dining restaurant with typical entrée prices greater than \$20, bottles of wine priced an average of \$30 each, and at least ten or more bottles of wine offered on the menu for customers?	Yes	No
36. Does the applicant ever offer beer pong or other types of drinking games?	Yes	No
37. Are patrons under the legal drinking age permitted on the premises (except for retail stores, banquet halls, or caterers)?	Yes	No
38. Has the applicant ever been assessed a fine for violation of a law concerning the sale of alcohol or had your liquor license suspended?	Yes	No
If yes , when and why?		

Manufacturer information

39. Is the applicant a manufacturer?	Yes	No
If yes , are tours of the facility given?	Yes	No
If yes , are free samples given?	Yes	No
Are only beer and wine permitted for BYOB?	Yes	No
Does the wait staff monitor all alcohol consumption and request valid ID from all patrons?	Yes	No
If yes , how is free sample quantity controlled?		

40. Is the applicant a distributor?	Yes	No
If yes , any sponsored events?	Yes	No
If yes , are free samples given?	Yes	No
Describe:		
Is there a policy for giving away alcoholic beverages by sponsor?	Yes	No
If yes , please describe:		
41. Is the applicant a caterer?	Yes	No
If yes : Are clients/guests allowed to mix their own drinks?	Yes	No
Does caterer provide liquor or bartending service?	Yes	No
Number of events per year?		Average number of guests per event?

Applicant's warranty statement

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

State specific fraud statements	
Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District Of Columbia	It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Louisiana	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 is guilty of a crime and may be subject to fines and confinement in prison.
Maine	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 or denial of insurance benefits.

Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
New Jersey	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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 is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	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.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	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.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.” The lack of a statement required in this section does not constitute a defense in any criminal prosecution nor any civil action.
West Virginia	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 is guilty of a crime and may be subject to fines and confinement in prison.

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of applicant: _____

Title: _____ Date: _____

Signature of retail agent: _____ Date: _____