



# INSURANCE INNOVATORS

## Liquor Liability

### APPLICATION

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 1. Expiring Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 2. Insured Name (Including DBA): \_\_\_\_\_  
 3. Location of Insured Establishment: \_\_\_\_\_

4. a.)	Gross Annual Receipts		Current Policy		Next 12 Months	
	FOOD		\$ _____		\$ _____	
	ALCOHOL		\$ _____		\$ _____	
	OTHER (Describe):		\$ _____		\$ _____	
b.)	If applicant has receipts from more than one operation, provide breakdown:					
		Bar/Lounge	Restaurant	Banquet	Retail Sales	Other _____
	FOOD	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	ALCOHOL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	OTHER (Describe)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5. Any changes to the nature of your business in the last 12 months?  Yes \*  No
6. What is the average **age of patrons**?  Under 21  21-25  26-30  31+  Yes \*  No
7. Are employees permitted to consume alcohol during hours of employment?  Yes \*  No
8. Does insured offer:
- a.) Beer for less than \$1.00  Yes \*  No
  - b.) Liquor or wine for less than \$1.50  Yes \*  No
  - c.) Multiple drink incentives (i.e.: 2 for 1's, every 3rd drink is free, etc.)  Yes \*  No
  - d.) Drink Servings larger than 24 ounces  Yes \*  No
  - e.) Drink specials before 4 p.m. or after 9 p.m.  Yes \*  No
  - f.) Complimentary drinks  Yes \*  No
  - g.) "All you can drink" specials or other unlimited consumption offers  Yes \*  No
9. Does insured permit BYOB (bring your own bottle)?  Yes \*  No
10. If alcohol sales equal or exceed food receipts, are persons **under the legal drinking age** allowed on premises after 10 p.m.?  Yes \*  No
11. Are **Bouncers or Doorpersons** used?  Yes \*  No
12. Does the establishment feature any **Entertainment**? (If yes, describe type and frequency below)  Yes \*  No
13. **Hours of operation:** Mon-Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_  Yes \*  No
14. (Utah only) Does this establishment possess a "D" Liquor License?  Yes  No
15. **Violations:** Within the past 5 years, has the applicant been **fined or cited** for violations of law or ordinance related to illegal activities or the sale of alcohol?  Yes \*  No
16. **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
- 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" IS ANSWERED TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE A COMPLETE EXPLANATION:**

**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.

**WARRANTIES:** I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent. I/we warrant that premises liability coverage will be maintained at limits at least equal to the liquor liability limits during the entire term of the liquor policy. I/we agree to submit records for audit by the company upon termination or expiration of this policy for the determination of actual gross receipts during the period of coverage, if requested.

Signature of Applicant\* \_\_\_\_\_ Title \_\_\_\_\_ (Required) Date \_\_\_\_\_ (Required)  
 (Must be Owner, Officer or Partner)

*\*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED*

**The State of New York requires that we have the name and address of your (insured's) authorized agent or broker.**

Name of Authorized Agent or Broker: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mail completed Application through  
 Local agent or broker to: \_\_\_\_\_