

Liquor Liability Supplemental Application

Limits of Liability Requested: \$ _____ Each Common Cause \$ _____ Aggregate

Sender Name _____

Sender Email: _____

Insured: _____

Policy #: _____

Agent/Agency: _____

Proposed Effective Date: From: _____ To: _____ (12:01 A.M., Standard Time at the address of the Applicant)

1. Type of risk:

- Bar/Tavern (**NOTE: NOT ELIGIBLE** if close time past 2 am)
- Bowling Alley
- Breweries, BrewPubs, Distilleries
- Bring Your Own Alcohol (BYOA)
- Caterer
- Clubs (Country, Golf, Civic, Social)
- Convenience Stores/Package Stores
- Restaurant
- Winery/Vineyard
- Other (Describe): _____

2. Have you 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? _____

3. Name on liquor license: _____

Type of liquor license: _____

Liquor license number: _____

4. Square foot area of establishment: _____

5. Maximum Occupancy: _____

6. Premises within city limits? Yes No

7. Have all servers, bartenders, and sellers been through a certified alcohol awareness training course (TIPS/TOPS/TAMS/OTHER)? Yes No

Type of course: _____

How often required? _____

Ride home policy? Yes No

8. Number of servers: _____ How many are Bartenders only? _____

9. Procedures in place regulating the sale of alcohol to minors or those under the influence? Yes No
 If yes, describe: _____
 How is age of customer verified? _____
10. How many years has applicant been in business? _____
11. How many years has applicant been at this location? _____
12. How many days per week is location open? _____
13. What is the posted closing time? _____
14. Total Estimated receipts: \$ _____
 Estimated food receipts: \$ _____ Estimated wine, beer and liquor receipts: \$ _____
 Estimated receipts generated from other operations: \$ _____
15. Percentage of combined wine, beer and liquor receipts to total receipts: _____ %
16. Prior liquor liability carrier: _____ Policy number: _____
17. Has applicant had incidences that may have resulted or may result in a claim for liquor liability or assault and battery? Yes No
 If yes, give details: _____
18. Is there any BYOA (Bring Your Own Alcohol) exposure? Yes No
 If yes: please provide details of whether or not servers are involved or patrons are solely responsible for serving themselves: _____
19. Are any servers working in a "non-employment" capacity, serving alcohol on a "volunteer" or "tips only" basis? Yes No
20. Any off-premise Catering? Yes No If yes, please complete Caterer's section.

BAR & TAVERN (Must be completed for all operations with liquor receipts of 30% or more of the total receipts)

1. Percent of clientele: Under 25 _____ 25-30 _____ Over 30 _____
2. Type of area: Industrial or Commercial Residential Rural Other
 Located on or within one mile of a college campus? Yes No
3. Is there a cover charge? Yes No
 If yes, what is the amount? \$ _____
4. Security Activities:
 Bouncers Doorman Off Duty Police
 Contracted Security Firms: Inside Outside Armed Unarmed
 Any firearms kept or carried on the premises? Yes No
5. Types of entertainment activities:
 Live Entertainment Type and how often? _____
 DJ Dance Floor Size: _____ Pool Table(s) Number: _____
 Pyrotechnics If so, Type: _____
 Electronic Games #: _____ Type: _____

Mechanical Devices: _____ Type: _____

Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.): Yes No

Describe: _____

Special Promotions Yes No

Describe: _____

6. Last call procedures:

Time last call is made: _____ Maximum allowable drinks at last call: _____ Time patrons must exit premises: _____

BREWERIES, BREWPUBS and DISTILLERIES (If liquor receipts are 30% or more of the total receipts, please complete this section as well as the Bar and Tavern section.)

1. Does insured operate a: Restaurant Bar/Tap Room Tasting Room

2. Total Seating Capacity: Restaurant: _____ Bar/Tap Room: _____ Tasting Room _____

3. If the insured provides samples for tasting?

For beer:

Are drink samples limited to 3 oz. or less? Yes No

Are number of samples limited to no more than 2 per person? Yes No

For distilled spirits:

Are drink samples limited to 1 oz. or less? Yes No

Are number of samples limited to no more than 2 per person? Yes No

Explain any "No" responses _____

4. Receipts for on-premises consumption \$ _____

5. Receipts for off-premises consumption \$ _____
(include retail sales at stores away from the manufacturing location)

6. Does the Insured offer special drink promotions for on-premises consumption (e.g.: beer of the month or flights of beer?) Yes No If yes, describe: _____

7. Does the Insured have any entertainment devices such as a game room, darts, televisions, etc. in the bar/tap/tasting room?
 Yes No If yes, describe: _____

8. Describe any special events that the insured might hold on-premises, including number of persons expected to attend each event: _____

9. Is live entertainment ever provided on-premises? Yes No If yes, describe: _____

10. Does the insured go to off-premises events, such as festivals or trade shows, to sell beer or alcohol? Yes No

***If yes, please list events on the next page.**

Are all servers at events employees of the insured? Yes No

Does the insured ever hire outside contractors to do the serving? Yes No

If yes, attach a copy of the contract used.

Are all servers used at these events certified in alcohol awareness? Yes No

* You must provide a list of all potential events and the estimated average and maximum attendance for each:

BRING YOUR OWN ALCOHOL (BYOA) (If liquor receipts are 30% or more of the total receipts, please complete this section as well as the Bar and Tavern section.)

1. Is there a separate bar on premises? Yes No If yes, what is the seating capacity? _____
2. Is any alcohol sold or served on premises except that being poured from the customer's bottle? Yes No
3. Any alcohol served other than beer and wine? Yes No
4. What is the maximum amount permitted to be brought on premises:
Bottles or Cans of beer per person: _____
Bottles of wine per person: _____
5. Any live entertainment? Yes No If yes, describe: _____
6. What is the latest closing time? _____
7. What types of fees are charged, if any? _____
8. Are accurate records kept of all fees? Yes No

CATERERS (If liquor receipts are 30% or more of the total receipts, please complete this section as well as the Bar and Tavern section.)

1. Applicant is: Off-premises Caterer Bartending/Waiter Service Other (Explain)

2. Types of events handled: Weddings Corporate Functions Private Parties Other (Describe):

3. Is there a standard contract in place between you and the client: Yes No
If so:
 - A) Is the Insured responsible for the purchase of alcohol? Yes No
If not, please explain. _____
 - B) Is the Insured responsible for the hiring of servers? Yes No
If not, please explain. _____
 - C) Is the Insured responsible for the supervision of servers? Yes No
If not, please explain. _____
 - D) Does contract include a statement that the server has the right to refuse service to minors, intoxicated individuals and anyone else who might be ineligible? Yes No
4. Are guests ever permitted to serve themselves (If yes, account is ineligible)? Yes No
5. Are servers employees of the catering firm or Independent contractors? _____
 - A) If server is contracted by the caterer, is a proper contract used (hold harmless, indemnification agreement, and minimum insurance limits required)? Yes No

B) Is the contractor required to provide a COI showing Liquor carrier & limits and naming the Caterer as an Additional Insured? Yes No

6. Number of events handled annually: _____
- A) Number of events where alcohol is served: _____
- B) Number of events where "only" alcohol is served (no sales of food): _____
- C) Annual gross off-premises alcohol receipts: _____
- How are they estimated? _____
- D) Annual off-premises food receipts: _____
- E) Maximum number of guests or attendees at events: _____
- F) Average number of guests or attendees at events: _____
- G) Average duration of events entailing the serving of alcoholic beverages: _____

CONVENIENCE STORES/PACKAGE STORES

1. Are you familiar with the state requirements that govern the sale of alcoholic beverages? Yes No
2. Do you have formalized mandatory procedures for verifying customer identity? Yes No
- A) For recognizing signs of intoxication? Yes No
- B) That defines employee responsibilities? Yes No
3. What steps have been taken to inform store patrons about your intent to comply with alcohol regulations?

4. Are alcohol displays located away from store entrances? Yes No
5. Are employees under the age of 21 permitted to work nights unsupervised? Yes No

FINE DINING – Alcohol 30-50% of Total Receipts *(Please complete this section in addition to the Bar and Tavern section)*

1. Any Entertainment? Yes No Describe: _____
2. Average entrée cost \$20 or greater? Yes No
3. Is there an Executive chef on Staff? Yes No
4. Is a buffet service ever offered? Yes No Describe: _____
5. Does the wine list contain a selection of at least 25 bottles? Yes No
6. Is the average cost of a bottle of wine \$40 or more? Yes No
7. Any TV sets in the dining area? Yes No

WINERY/VINEYARDS

1. Does the insured provide wine tasting on premises? Yes No
2. Are drink samples limited to 1oz of wine or less? Yes No
3. Are number of drink samples limited to 6 or less per person Yes No
4. Are ID's checked for all persons who appear under 30 years of age? Yes No
5. Is there signage in the tasting room warning against consumption by persons:
- A) Under 21 yrs of age? Yes No
- B) Who are or may be pregnant? Yes No
- C) Who are intoxicated? Yes No

6. Are servers trained to avoid serving any person who may meet the criteria of 5A-C above? Yes No

7. What are the annual receipts from on premises wine sales (restaurant, retail shop and wine tasting)?

Do these receipts exceed 10% of the total annual sales? Yes No

FRAUD WARNING:

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.

I understand that the Liquor Liability limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

NAMED INSURED'S SIGNATURE: _____ DATE: _____

PRODUCING AGENT'S SIGNATURE: _____ DATE: _____