



**GRESHAM &
ASSOCIATES**
INSURANCE BROKERS

The Independent Source For Wholesale Insurance

Liquor Liability Application

Instructions:

- Please print and use BLACK ink
- If the answer to any question is none or not applicable, state **NONE** or **NOT APPLICABLE**

Applicant Name: _____

Mailing Address: _____

Telephone # : _____ Total Years of Experience in this business: _____

Surplus Lines Producer: _____ City/State: _____

Expiring Policy Number: _____ Contact: _____

Desired Policy Period From: _____ To: _____

Limit Requested:

_____ \$50,000	_____ \$100,000
_____ \$200,000	_____ \$300,000
_____ \$500,000	_____ \$1,000,000
_____ Other: _____	

Name of Location to be insured: _____

Location Street Address (city, state, zip): _____

Number of Locations to be insured: _____ Telephone number: _____

Applicant's years in business at this location: _____

- Note: Only 1 location per application except for retail store classes (attach Multi-Location Supplement). For Special Events, use Special Events Application.

If Liquor Liability policy is issued, it will cover only the designated insured location(s) which will be subject to inspection and audit.

Contact person for inspection/audit: _____ Phone Number: _____

Form of Business:

_____ Individual _____ Joint Venture _____ Partnership _____ Corporation
 _____ Limited Liability Company _____ Other: _____

Does Applicant have a Liquor License(s)? _____ Yes / No

Type of Liquor License(s): _____

What name is on the Liquor License: _____

*We will need a copy of the Liquor License if we bind.

Type of Customers (most applicable):

_____ Families _____ College Students _____ Business/Professional
 _____ Military _____ Blue Collar _____ Other: _____

Average Age of customers: _____

Percentage of customers who arrive/depart by car/truck: _____%

Do college students frequent the Applicant's establishment? _____ Yes / No

If yes, what percentage do they comprise of the Applicant's evening clientele? _____%

Description of Operations (check ALL operations that are applicable):

- | | |
|--|-------------------------------------|
| _____ Bar/Tavern (may serve food) {A} | _____ Billiard/Pool Hall {D} |
| _____ Bowling Alley {E} | _____ Package Store (retail) {L, K} |
| _____ Convenience/Grocery Store {F, G} | _____ Night Club/Cabaret {J} |
| _____ Comedy Club {P} | _____ Dan Hall/Ballroom {H} |
| _____ Beverage Distributor (wholesale) {C, B} | |
| _____ Catering/Banquets/Hall Rental; (Attach Hall Rental/Caterers Supplement) {Q} | |
| _____ Hotel/Motel; have mini-bars in rooms? Yes / No | |
| _____ Private Club; specify type (American Legion, VFW, Country Club, etc): _____{M} | |
| _____ Restaurant; specify type (American, Chinese, Italian, Seafood, etc): _____{N} | |
| _____ Other; describe: _____{O} | |

Does Applicant dispense or provide alcoholic beverages for off-premises events? Yes / No
If yes, must complete Special Events application.

Does Applicant have any Catering/Banquet Hall/Hall Rental Operations? Yes / No
If yes, must complete Hall Rental/Caterers Supplement.

Within the past 5 years, has the Applicant had any Assault & Battery Claims? Yes / No
If yes, must attach a separate sheet explaining each claim.

Amusement devices and/or sports facilities? Yes / No

Devices with removable parts {balls, pucks, racquets, etc.} (provide number of all that apply):

- | | | | |
|---------------------|-------------------|------------------|---------------------|
| _____ Pool Tables | _____ Foosball | _____ Air Hockey | _____ Bowling Games |
| _____ Shuffleboards | _____ Dart Boards | _____ Skee-ball | |
| _____ Other: _____ | | | |

Totally enclosed devices (provide number of all that apply):

- | | | |
|--------------------|----------------------------------|------------------------|
| _____ Video Games | _____ Gambling Machines | _____ Pinball Machines |
| _____ Televisions | _____ Mechanical Riding Machines | |
| _____ Other: _____ | | |

Sports facilities (check all that apply):

- | | | |
|--------------------|------------------|--------------|
| _____ Volleyball | _____ Basketball | _____ Hockey |
| _____ Other: _____ | | |

Does Applicant have entertainment? Yes / No

If yes, check ALL that are applicable below:

- | | |
|---|---|
| _____ Juke Box | _____ Exotic/go-go dancer/adult entertainment |
| _____ DJ; # of days per week: _____ | _____ Karaoke: # of day per week: _____ |
| _____ Solo musician/vocalist; # of days per week: _____ | |
| _____ Stage/floor show or contests; describe: _____ | |
| _____ Band with 1-3 members; # of days per week: _____ | |
| _____ Ban with 4+ members; # of days per week: _____ | |
| _____ Other; describe: _____ | |

If the Applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed? Yes / No

Type of music:

- | | | | |
|--------------|---------------|---------------------------|-----------|
| _____ Top 40 | _____ Country | _____ Classic Rock & Roll | _____ Rap |
|--------------|---------------|---------------------------|-----------|

_____ Soft Rock _____ Jazz _____ Alternative _____ R&B
 _____ Disco _____ Other: _____

Is dancing allowed? Yes / No
 If yes, # of days per week: _____ Size of floor: _____ square feet

Any consumption promotions such as happy hour, ladies night, etc? Yes / No
 If yes, give details:
 # of days per week: _____ Times & Duration of promotions (i.e., 5pm to 7 pm): _____
 Describe alcohol/food discounts: _____

Area surrounding premises (check the most applicable):
 _____ Downtown district _____ Industrial _____ Rural
 _____ Residential _____ Urban Commercial _____ Entertainment district
 _____ Suburban commercial _____ Suburban commercial
 _____ Seasonal/resort: operate all year? Yes / No
 _____ Other; describe: _____

Premises located within an incorporated municipality? Yes / No
 If yes, population of municipality: _____
 Is there a college or university within a 3-mile radius of the Applicant's premises? Yes / No
 If yes, give name: _____

Number of days open per week: _____

Provide the normal opening & closing hours below for the sale of alcohol (show AM or PM after time):

	Sunday – Thursday	Friday	Saturday
Open			
Close			

Seating capacity: _____ Dining Room _____ Bar area _____ Maximum legal occupancy

Number of peak period alcohol serving employees/owners: _____ Bartenders _____ Wait Staff

Number of peak period bouncers or other security personnel employed: _____ Sales Clerks if applicable: _____

Within the past 5 years, has the Applicant or any owner/partner/officer/licensee had a liquor license:
 - Revoked? Yes / No
 - Suspended? Yes / No
 If yes to either:
 Number of times _____; explain: _____

Does the Applicant require that all alcohol serving or selling employees be certified by a formal alcohol awareness training program? Yes / No

If yes, give the name of the training program (BEST, RAMP, TIPS, TAM, etc.): _____

Does the Applicant have procedures in place to regulate the sale of alcohol to intoxicated customers or to minors? Yes / No

Are employees permitted to consume alcohol on the Applicant's premises while on the job or after their shift ends? Yes / No

Are the Applicant's customers permitted to order more than one drink at last call? Yes / No
 Are the Applicant's employees required to check age identification of customers who appear to be under the age of 25? Yes / No

Member of professional trade association? Yes / No
 If yes, provide association name: _____

Provide Applicants annual sales for food and all alcoholic beverages (liquor, beer, and wine) below:

	Alcohol On-Premises Sales*	Alcohol Take-Out Sales**	Food Sales	***Other Sales	Total Sales
Next 12 months	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Past 12 months	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*Alcohol Sold On-Premises: _____ Beer _____ Wine _____ Liquor

**Take Out Alcohol Sold: _____ Beer _____ Wine _____ Liquor

***Describe Other Sales: _____

If there are on-premises alcohol sales, does the Applicant keep separate sales records for on-premises and take-out alcohol sales? Yes / No

Does the Applicant have a drive-through operation for the sale of alcohol? Yes / No

Does the Applicant allow customers to BYOB (Bring Your Own Bottle)? Yes / No

Does Applicant carry General Liability insurance? Yes / No

If yes, effective from _____ to _____

Insurer: _____

Limits: \$ _____ Assault & Battery Excluded? Yes / No

Does Applicant currently carry Liquor Liability Insurance? Yes / No

If yes, Form: _____ Claims Made _____ Occurrence Expiration date: _____

Insurer: _____

Limits: \$ _____ Premium \$ _____

Assault & Battery Excluded? Yes / No

Except for Kentucky risks, has any insurer denied cancelled or non-renewed Yes / No

Liquor Liability coverage in the past 3 years?

If yes, explain: _____

In the past 5 years, has the Applicant or any owner, partner, member, officer or licensee had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not? Yes / No

If yes, how many claims or incidents? _____ Give detail below:

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A			\$ _____	\$ _____		
B			\$ _____	\$ _____		
C			\$ _____	\$ _____		

Is coverage needed for any Additional Insured's:

_____ A-None _____ B-Lessor _____ C-Other; describe insurable interest: _____

If B or C, give Name & Address: _____

BY SIGNING THIS APPLICATION, THE APPLICANT: (1) certifies that the information contained in this application is true and accurate to the best of his/her knowledge and belief; and (2) acknowledges that the information contained herein will be the basis upon which the Insurer may issue a Liquor Liability policy to the Applicant; and (3) acknowledges that if the Insurer issues a Liquor Liability policy and if any information contained herein is misleading or false, the Insurer may have the right to rescind the policy which may be issued pursuant to this application. The signing of this application does not bind the Insurer to provide the insurance. It is mutually understood and agreed by the Insurer and the Applicant that any inspection of the premises is made solely for the use and benefit of the Insurer, and is not to be relied upon by the Applicant in any way; and (4) authorizes the Insurer and its authorized representative to obtain the following information from the state and/or other liquor authority licensing or regulating this establishment: all violations, consumer complaints and disciplinary actions on record with the state and/or other authority licensing or regulating this establishment in the past five year.

PLEASE REFER TO THE ATTACHED FRAUD WARNING, WHICH IS APPLICABLE TO THE STATE IN WHICH THE PREMISES TO BE INSURED IS LOCATED.

_____ <i>Applicant's Name</i>	_____ <i>Title</i>
_____ <i>Applicant's Signature</i>	_____ <i>Date</i>
_____ <i>Producer's Signature</i>	_____ <i>Date</i>

Submitted by: _____

Email address: _____

State Fraud Warning – By State

For All Other States:

NOTICE: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 claiming 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."

FLORIDA:

"Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

HAWAII:

"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

KENTUCKY:

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

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."

NEW JERSEY:

"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 of benefit or knowingly presents false information in an application for insurance is guilty of a crime and maybe 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 \$5,000 and the stated value of the claim for each such violation."

OHIO:

"Any person, who, with intent to defraud or knowing that he/she 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."

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 or 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."