

QUESTIONNAIRE – LIQUOR LIABILITY

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

INSURED INFORMATION

Name of Applicant: _____

Applicant mailing and location address: _____

Website address: _____

Does applicant have a valid liquor license? Yes No

Indicate name on liquor license: _____ License # _____

Previous liquor liability carrier: _____ Limits: _____

Within the last 5 years, has applicant's liquor coverage been cancelled or non-renewed? Yes No

Desired Limits: Each Common Cause: \$ _____; Aggregate: \$ _____

Years current owner has been in business at this location: _____

If less than 3 years please describe prior experience: _____

Hours of Operation: _____ to _____

If a Fraternal Club, are you open to the public? Yes No

Square foot area the business occupies: _____

BUSINESS DESCRIPTION

Type of Business:

<input type="checkbox"/> Standard Restaurant	<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Bar or Tavern	<input type="checkbox"/> Gentlemen's Club
<input type="checkbox"/> Wine Bar	<input type="checkbox"/> Package Store	<input type="checkbox"/> Special Event	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Fraternal Club	<input type="checkbox"/> Private Club	<input type="checkbox"/> Distributor
<input type="checkbox"/> Off-Premises Caterer	<input type="checkbox"/> Hall for Rent	<input type="checkbox"/> Country Club	<input type="checkbox"/> Nightclub
<input type="checkbox"/> Other: _____			

REVENUES

<i>Total Gross Annual Receipts:</i>	<i>Prior 12 Months</i>	<i>Current 12 Months</i>
Food:	\$ _____	\$ _____
Alcohol (Consumption ON premises):	\$ _____	\$ _____
Alcohol (Consumption OFF premises):	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Please describe 'Other:':	_____	

(If applicant has more than one operation at the same location, please provide breakdown of receipts by operation in the Notes section.)

PREVENTATIVE

What procedures do you have in place to prevent the sale of alcohol to minors or those under the influence?

What steps are taken to prevent visibly intoxicated persons from driving?

Do you have access to 3rd party transportation i.e. cabs? Yes No

Are all ID's checked? Yes No

Have all servers been certified in a formal alcohol training course? Yes No

Number of police calls within the last year: _____

Types of calls: _____

EMPLOYEES/MANAGEMENT

Are employees allowed to consume alcohol during hours of employment? Yes No

What is the average age of wait staff/servers? _____

Number of Full Time employees: _____ Part Time: _____

Average Number of employees during peak hours of operations? _____

Please describe training practices? _____

Are bouncers or doorpersons employed? Yes No

Are bouncers self-employed? Yes No

If yes, do they have general liability coverage including assault & battery? Yes No

Do they require certificates of insurance? Yes No

Do they require to be added as an additional insured? Yes No

Are Security Guards employed? Yes No if yes, are they armed? Yes No

Are background checks done on security staff? Yes No

PROCEDURES

What is the average age of patrons?

_____ Under 21	_____ 21-25	_____ 26-30
_____ 31-40	_____ 40+	

If a bar or tavern, are persons under the legal drinking age permitted on premises? Yes No

What is the distance to the nearest college campus? _____

Does the applicant offer:

Daily Happy Hour? Yes No

Promotional Events? Yes No

Multiple drink incentives (i.e. 2 for 1's, every 3rd drink is free, etc.?) Yes No

Complimentary drinks or "all you can drink specials"? Yes No

Are flaming or ignited drinks served? Yes No

Drinking Contests? Yes No

Whole liquor bottle service or setups? Yes No

Are customers allowed to bring their own bottle or setups? Yes No

Single drink servings larger than 24 ounces? Yes No

Liquor or wine for less than \$1.50? Yes No

Beer for less than \$1.00 Yes No

What is Building's legal capacity as established by fire marshal/department? _____

What is the average number of patrons during peak hours? _____

ENTERTAINMENT

Does the applicant feature any entertainment? Yes No

If yes, describe all:

<input type="checkbox"/> Juke Box, Karaoke	<input type="checkbox"/> Solo Vocalist	<input type="checkbox"/> Comedy Club
<input type="checkbox"/> DJ	<input type="checkbox"/> Band – 3 members	<input type="checkbox"/> Band – 4+ members
<input type="checkbox"/> Exotic Dancers/Adult Entertainment	<input type="checkbox"/> Stage/Floor Show (describe below)	



How often? _____

Other Entertainment or Additional Descriptions: _____

Describe type of music:

<input type="checkbox"/> Top 40's/Pop	<input type="checkbox"/> Classic Rock	<input type="checkbox"/> Soft Rock
<input type="checkbox"/> Alternative	<input type="checkbox"/> Country	<input type="checkbox"/> Jazz
<input type="checkbox"/> R & B	<input type="checkbox"/> Other: _____	

What is the size of area used for dancing when tables are "shoved aside"? _____

Are dancing areas raised or elevated? Yes No

Does the applicant charge a cover charge? Yes No

SPECIAL EVENTS

Does your special event have a liquor license? Yes No

If "No" to the above, does the event have a subcontracted liquor vendor with license? Yes No

Is liquor served in a fenced off area (permanent or temporary)? Yes No

Is there a procedure for checking ID's of patrons entering the liquor-serving area? Yes No

Is there a limit to the number of alcoholic beverages served to a patron at any one time? Yes No

What is that drink limit? _____

LOSS HISTORY

Violations: Within the last 5 years, has applicant been fined or cited for violations related to illegal activities or the sale or service of alcohol? _____

Claims: Within the last 5 years, has applicant had any reported liquor liability claims or notifications or potential liquor liability claims? Yes No

If so, please explain: _____

Within the last 5 years, has the applicant had any Assault or Battery claims? Yes No



Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date

Producer Name and Address