



Liquor Liability Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name _____
Mailing Address _____

Location #1 _____
Complete a separate application for each location.
Web Site Address _____

Agency Name _____
Agent _____
Address _____

E-Mail _____
Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
\$ _____	\$ _____

PLEASE ANSWER ALL QUESTIONS

1. Type of risk:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Drive-through Daiquiri Shop | <input type="checkbox"/> Package Store |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Gentlemen's/Strip Clubs | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Catering Service | <input type="checkbox"/> Liquor Manufacturer/Microbrewery | <input type="checkbox"/> Wholesaler/Distributor |
| <input type="checkbox"/> Comedy Clubs | <input type="checkbox"/> Night Clubs | |
| <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> Other (Describe): _____ | |

2. Type of ownership: Corporation Individual Partnership Other

3. 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? _____

4. Name on liquor license: _____ **Type of liquor license:** _____

5. Square foot area of establishment: _____ **(Maximum Occupancy:** _____)

6. Premises within city limits? Yes No

7. Have all servers been through any server training (tips, tops)? Yes No

Type of course: _____

How often required? _____

Ride home policy? Yes No

8. Number of servers: _____



9. How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? _____
10. Are 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? _____
11. Type of clientele: Area Residents Area Workers Tourists College Other: _____
12. Percent of clientele: Under 25 _____% 25-30 _____% Over 30 _____%
13. Type of area: Industrial or Commercial Residential Rural Other _____
Located on or near college campus? Yes No
14. How many years has the applicant been in business? _____
15. How many years has the applicant been at this location? _____
16. How many days per week is the location open? _____
17. What time does the location close? _____ Hours of serving? _____
18. Is there a cover charge? Yes No
If yes, what is the amount? \$ _____
19. Do you have "Happy Hour" or 2-for-1 drink specials? Yes No
Is last call announced? Yes No
Are customers allowed more than one drink at last call? Yes No
20. Are patrons allowed to BYOB (Bring Your Own Booze)? Yes No
21. Security Activities:
 Bouncers Doorman Off Duty Police
 Contracted Security Firms: inside outside armed unarmed
Any firearms kept or carried on the premises? Yes No
22. Are there procedures for handling violent or disruptive patrons? Yes No
If yes, please describe? _____
23. Types of entertainment activities:
 Live Entertainment Type and how often? _____
 DJ Dance Floor Size: _____ Juke Box
 Pool Table(s) Number: _____
 Electronic Games Type: _____
 Mechanical Devices Type: _____
 Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.): _____
 Special Promotions Yes No
If yes, describe: _____
24. Estimated liquor receipts: \$ _____ Other receipts: \$ _____



ROYAL OAK UNDERWRITERS, INC.
 Excess and Surplus Lines Insurance Wholesalers

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 Richmond, Virginia 23229
 Telephone: (804) 741-7999
 WATTS: (800) 628-2967
 Fax: (804) 741-9401
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25. Average price for: beer \$ _____ wine \$ _____ liquor \$ _____
26. Percent of receipts for on-premises consumption: %
27. Percent of receipts for off-premises consumption: %
28. Estimated food receipts: \$ _____
29. Percentage of liquor receipts to total receipts: %
30. Prior carrier: _____ Policy number: _____
31. Has applicant had any claims or occurrences that may give rise to claims? Yes No
 If yes, give details: _____
32. **Gentlemen's clubs:**
 Turnover rate for staff: _____
 Are servers/dancers in training? Yes No
 Does applicant prohibit serving of alcohol after hours to their staff? Yes No
 Are clients allowed to purchase drinks for dancers/hostesses? Yes No
33. **Manufacturer:**
 Tours of Facility? Yes No
 Free samples given? Yes No
 If yes, how is quantity controlled? _____
34. **Distributor:**
 Any sponsored events? Yes No
 If yes, describe: _____
 Policy for giving away alcoholic beverages by Sponsor? Yes No
 If yes, describe: _____
35. **Caterers:**
 Are clients/guests allowed to mix their own drinks? Yes No
 Does caterer provide liquor or bartending service? 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:



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I understand that Liquor Liability is a separate coverage part and the 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____