



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

## LIQUOR LIABILITY APPLICATION

(To be submitted together with completed ACORD General Liability Application.) PLEASE ANSWER ALL QUESTIONS.

### APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

(Complete a separate application for each location)

Website Address: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Limits Of Liability Requested: \_\_\_\_\_

\$ \_\_\_\_\_ Each Common Cause

\$ \_\_\_\_\_ Aggregate

### OPERATIONS

1. Type of risk:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bar/Tavern                | <input type="checkbox"/> Drive-through Daiquiri Shop          | <input type="checkbox"/> Night Clubs             |
| <input type="checkbox"/> Casino                    | <input type="checkbox"/> Fraternal Clubs                      | <input type="checkbox"/> Package Store           |
| <input type="checkbox"/> Catering Service          | <input type="checkbox"/> Gentlemen's/Strip Clubs (Prohibited) | <input type="checkbox"/> Restaurants             |
| <input type="checkbox"/> Comedy Clubs              | <input type="checkbox"/> Gun Clubs Or Lodges                  | <input type="checkbox"/> Wholesale/Distributor   |
| <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> Liquor Manufacturer/Microbrewery     | <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 and sellers (off premises sales) of alcohol been through any alcohol training?  Yes  No

If yes: Type of course (i.e. TIPS, TOPS): \_\_\_\_\_

How often required? \_\_\_\_\_

If no: Do your serving procedures to avoid serving minors or the intoxicated include:

- Checking the ID of all patrons appearing under 30 years of age?  Yes  No
- Recognizing signs of impairment (i.e. red eyes, slurred speech, difficulty walking)?  Yes  No
- Slowing down the pace of serving to prevent intoxication?  Yes  No
- Terminating service to intoxicated patrons?  Yes  No
- Ride home policy?  Yes  No

Describe other procedures to prevent serving minors or the intoxicated, if any: \_\_\_\_\_

8. Number of servers: \_\_\_\_\_ Do servers work on a commission or tips only basis?  Yes  No

9. Is the owner/manager actively involved in the day to day operations?  Yes  No

10. How often does the manager review liquor liability laws with employees (including penalties for serving minors or intoxicated customers)? \_\_\_\_\_

11. Type of clientele?

- Area residents       Area workers       Tourists       College Students  
 Other (describe): \_\_\_\_\_

12. Percent of clientele: Under 25 years old: \_\_\_\_\_%    25-30 years old: \_\_\_\_\_%    Over 30 years old: \_\_\_\_\_%  
Any "under 21" nights at bars/clubs?  Yes  No

13. Type of area:  Industrial or commercial     Residential     Rural     Other (describe): \_\_\_\_\_  
Located on or near college campus?  Yes  No

14. How many years has applicant been in business? \_\_\_\_\_

15. How many years has applicant been at this location? \_\_\_\_\_

16. How many days per week is location open? \_\_\_\_\_

17. What time does 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  
If yes: How many hours does "Happy Hour" last? \_\_\_\_\_  
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  
If yes: Is a corkage fee charged?  Yes  No  
Estimated annual receipts from corkage: \$ \_\_\_\_\_

21. Security used:

- Bouncers     Doorman     Off-duty police     Contracted security firm  
 Inside     Outside     Armed     Unarmed

Any firearms kept or carried on the premises?  Yes  No

Do any personnel receive security training?  Yes  No

If yes, describe security training program and indicate personnel receiving security training: \_\_\_\_\_



## **FRAUD WARNINGS:**

**Notice to Arkansas and West Virginia Applicants:** 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.

**Notice to Colorado Applicants:** 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.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** 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.

**Notice to Hawaii Applicants:** 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.

**Notice to Kentucky Applicants:** 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.

**Notice to Maine Applicants:** 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.

**Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:** 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 civil fines and criminal penalties.

**Notice to New York Applicants:** 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 five thousand dollars and the stated value of the claim for each such violation.

**Notice to Ohio Applicants:** Any person who, with intent to defraud or knowing that he 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.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Applicants:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Notice to Pennsylvania Applicants:** 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.

**Notice to Tennessee, Virginia and Washington Applicants:** 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.

**Notice to Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Notice to Applicants of all other 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 conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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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 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Producing Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_