

APPLICATION FOR LIQUOR LIABILITY INSURANCE

Centrex Liquor Liability Program

1. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal Expiring Policy #: _____	Surplus Lines Producer: _____ City/State: _____ Contact: _____
2. Desired Policy Period	From: _____ To: _____
3. Limit Requested: <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other: \$ _____	
4. Name of Applicant (show all names including legal and dba's): _____ _____ Applicant's Mailing Address (city, state and zip): _____ _____ Telephone #: () _____ Applicant's total years of experience in this business: _____	
5. Name of Location to be Insured: _____ Location Street Address (city, state and zip): _____ # of Locations to be Insured: _____ Telephone #: () _____ 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 Centrex Special Event Application.	
6. If a Liquor Liability policy is issued, it will cover only the designated Insured Location(s) which will be subject to inspection and audit. Contact persons for inspection/audit: _____ Telephone # () _____	
7. Form of business: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other: _____	
8. Does Applicant have a Liquor License(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Liquor License(s): _____ What name is on the Liquor License: _____ We will require a copy of the Liquor License if we bind.	
9. Type of Customers (most applicable): <input type="checkbox"/> Families <input type="checkbox"/> College Students <input type="checkbox"/> Business/Professional <input type="checkbox"/> Military <input type="checkbox"/> Blue Collar <input type="checkbox"/> Other: _____ Average age of customers: _____ Percentage of customers who arrive/depart by car/truck: _____ % Do college students frequent the Applicant's establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what % do they comprise of the Applicant's evening clientele? _____ %	
10. Description of Operations (check ALL operations that are applicable): <input type="checkbox"/> Bar/Tavern (may serve food) {A} <input type="checkbox"/> Billiard/Pool Hall {D} <input type="checkbox"/> Bowling Alley {E} <input type="checkbox"/> Package Store (retail) {L,K} <input type="checkbox"/> Convenience/Grocery Store {F,G} <input type="checkbox"/> Night Club/Cabaret {J} <input type="checkbox"/> Comedy Club {P} <input type="checkbox"/> Dance Hall/Ballroom {H} <input type="checkbox"/> Beverage Distributor (wholesale) {C,B} <input type="checkbox"/> Catering/Banquets/Hall Rental; (Attach Hall Rental/Caterers Supplement) {Q} <input type="checkbox"/> Hotel/Motel; have mini-bars in rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Private Club; specify type (American Legion, VFW, Country Club, etc.): _____ {M} <input type="checkbox"/> Restaurant; specify type (American, Chinese, Italian, Seafood, etc.): _____ {N} <input type="checkbox"/> Other, describe: _____ {O}	
11. Does Applicant dispense or provide alcoholic beverages for off-premises events? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Must complete Special Events Application. Does Applicant have any Catering/Banquet Hall/Hall Rental Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Must complete Hall Rental/Caterers Supplement. Within the past 5 years, has the Applicant had any Assault & Battery Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Must attach a separate sheet explaining each claim.	
12. Amusement devices and/or sports facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Devices with removable parts (balls, pucks, racquets, etc.) (provide # of all that apply): Pool tables; # _____ Foosball; # _____ Air Hockey; # _____ Bowling Games; # _____ Shuffleboards; # _____ Dart Boards; # _____ Skee-Ball; # _____ Other; # _____; describe: _____ Totally enclosed devices (provide # of all that apply): Video Games; # _____ Gambling Machines; # _____ Pinball Machines; # _____ Televisions; # _____ Mechanical Riding Machines; # _____ Other; # _____; describe: _____ Sports facilities (check all that apply): <input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Hockey <input type="checkbox"/> Other; describe: _____	
13. Does Applicant have entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check ALL that are applicable below: <input type="checkbox"/> Juke Box <input type="checkbox"/> DJ; # of days per week: _____ <input type="checkbox"/> Karaoke; # of days per week: _____ <input type="checkbox"/> Solo musician/vocalist; # of days per week: _____ <input type="checkbox"/> Exotic/go-go dancers/adult entertainment <input type="checkbox"/> Stage/floor show or contests; describe: _____ <input type="checkbox"/> Band with 1-3 members; # of days per week: _____ <input type="checkbox"/> Band with 4+ members; # of days per week: _____ <input type="checkbox"/> Other; describe: _____ If the Applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of music: <input type="checkbox"/> Top 40 <input type="checkbox"/> Country <input type="checkbox"/> Classic Rock & Roll <input type="checkbox"/> Soft Rock <input type="checkbox"/> Jazz <input type="checkbox"/> Alternative <input type="checkbox"/> Rap <input type="checkbox"/> R&B <input type="checkbox"/> Disco <input type="checkbox"/> Other: _____	
14. Is dancing allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of days per week: _____ Size of dance floor: _____ square feet	
15. Any consumption promotions such as happy hour, ladies night, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: # of days per week: _____ Times & duration of promotions (i.e., 5pm to 7pm): _____ Describe alcohol/food discounts: _____	
16. Area surrounding premises (check the most applicable): <input type="checkbox"/> Downtown district <input type="checkbox"/> Industrial <input type="checkbox"/> Rural <input type="checkbox"/> Entertainment district <input type="checkbox"/> Suburban commercial <input type="checkbox"/> Urban commercial <input type="checkbox"/> Residential <input type="checkbox"/> Seasonal/resort: operate all year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other; describe: _____ Premises located within an incorporated municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, population of municipality: _____ Is there a college or university within a 3-mile radius of the Applicant's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name: _____	

17. 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			

18. Seating Capacity: Dining room: _____ Bar area: _____ Maximum legal occupancy: _____

19. Number of peak period alcohol serving employees/owners: Bartenders: _____ Waiters and Waitresses: _____
 Number of peak period bouncers or other security personnel employed: _____ Sales Clerks if applicable: _____

20. Within the past 5 years, has Applicant been fined or cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)?
 Yes No If yes, # of times: _____; explain: _____

21. Within the past 5 years, has the Applicant or any owner/partner/officer/licensee had a liquor license revoked? Yes No
 Within the past 5 years, has the Applicant or any owner/partner/officer/licensee had a liquor license suspended? Yes No
 If yes to either of the above, # of times: _____; explain: _____

22. 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

23. 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

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

25. Provide Applicant's 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 and take-out alcohol sales, does the Applicant keep separate sales records for on-premises and take-out alcohol sales? Yes No

26. 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

27. Does Applicant carry General Liability insurance? Yes No If yes, effective from: _____ to _____
 Insurer: _____ Limits: \$ _____ Assault & Battery Excluded? Yes No

28. 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 Liquor Liability coverage in the past 3 years? Yes No If yes, explain: _____

29. 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 details below:

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

30. Is coverage needed for any Additional Insureds: 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, Centrex Underwriters, Inc., 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 years.

Please refer to the attached fraud warning, which is applicable to the state in which the premises to be insured is located.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency: _____ City/State: _____

Retail Agency Signature: _____ Date: _____