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LIQUOR LIABILITY APPLICATION

Please answer all questions in full.

Incomplete and/or missing answers will cause delays in processing or may cause coverage to be declined.

Effective From:	To:	Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> Other:	
Applicant:		Producer:	Account No.
Mailing Address:		Address:	
City, State, Zip:		City, State, Zip:	
Business Telephone:		Telephone:	Fax:
Location of Premises to be Insured:			
Has Applicant, any partner or any office of Applicant been the subject of any voluntary or involuntary bankruptcy proceedings within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, explain in remarks section on page 2.			
Number of Years in Current Business:		Number of Premises to be Insured: (attach appl. for each addi. location)	
Name on Liquor License:			Liability Limits:
Type of Establishment, ie, Tavern, Restaurant, etc. _____			
Banquet Facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		Catering? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Club? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes to any of the above, see attached addendum.</i>			
Entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe: _____	
		How many nights per week? _____	
<input type="checkbox"/> Disco/Video <input type="checkbox"/> Topless/Go Go <input type="checkbox"/> Live Band <input type="checkbox"/> Rock & Roll <input type="checkbox"/> Stage or Floor Show <input type="checkbox"/> DJ <input type="checkbox"/> Karaoke			
Happy Hour? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe (include special offers): _____			
How many days per week? _____		Price of Drinks? \$ _____	
Size of Dance Floor (sq. ft.)? _____		Happy Hr Time Frame? _____ am/pm to _____	
Cover Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Amusement Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ Describe (incl # of each): _____			
Are any tournaments held on premises? Check as Applicable: <input type="checkbox"/> Pool Tables <input type="checkbox"/> Shuffle Board <input type="checkbox"/> Dart Boards <input type="checkbox"/> Juke Box			
How Often? _____		Other (Describe): _____	
Explain any special promotions such as Two-For-One Nights, Drink and Drown Nights, All You Can Drink Nights, Half-Price Nights, Ladies' Nights, etc. (Explain Fully) _____			
Does the insured sponsor any activities? Describe: _____			
Area Surrounding Premises: <input type="checkbox"/> Downtown District <input type="checkbox"/> Residential <input type="checkbox"/> Shopping Center <input type="checkbox"/> Commercial			
<input type="checkbox"/> Rural <input type="checkbox"/> Industrial <input type="checkbox"/> Seasonal/Resort <input type="checkbox"/> Campus <input type="checkbox"/> Distance to Nearest College Campus? _____			
Is parking area well lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No Any outdoor serving areas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____			
Clientele (check all that apply): <input type="checkbox"/> Local Residents <input type="checkbox"/> Families <input type="checkbox"/> Retirement Community <input type="checkbox"/> Transient <input type="checkbox"/> Students			
Age (check all that apply): <input type="checkbox"/> 24 and Under <input type="checkbox"/> 25 to 30 <input type="checkbox"/> Over 30			
Management:			
Bouncer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ Any off duty police? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is a gun kept on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it loaded? <input type="checkbox"/> Yes <input type="checkbox"/> No Where is gun kept? _____			
Number of bartenders on duty? _____			
Have all servers completed a certified training course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, are all employees now enrolled in the next available course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who is checking I.D.'s? _____		When? _____	
Is a card file kept on patrons whose I.D.'s have been checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (In some states this protects the insured.)			
General Information:			
Are premises inside or outside an incorporated municipality? <input type="checkbox"/> Inside <input type="checkbox"/> Outside			
Opening Hours: _____ A.M. Closing Hours: _____ P.M.			
Seating Capacity: Dining Room _____ Bar Area _____ # of Bartenders _____ Male _____ Female _____			
Does establishment allow liquor to be brought in (BYOB)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Insurance History

Previous Liquor Liability Insurer (full name of insurance company): _____

Did the previous carrier write a claims made policy? Yes No

Describe any liability losses claimed or sustained within the past 5 years whether insured or not (include loss amount).

Has liquor liability insurance been denied, cancelled or non-renewed within the last 3 years? Yes No

If yes, explain. _____

Has the applicant been fined within the last 3 years? Yes No If yes, give dates and describe violations.

Annual Gross Receipts:	Present Year – Estimated	Prior Year _____	Prior Year _____
Liquor Sales	\$ _____	\$ _____	\$ _____
Food Sales	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Who can be contacted for audit purposes? Name: _____ Phone No. _____

Name of current general liability carrier: _____

GL Policy Period: From: _____ To: _____ GL Policy Limits: _____

Is Assault and Battery excluded on current G.L. policy? Yes No

REMARKS:

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.

Applicant's Signature _____

_____ Date

Producer's Signature _____

_____ Date

Agency Name _____

_____ Account Number