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# LIQUOR LIABILITY APPLICATION

**(USE WITH ACORD COMMERCIAL INSURANCE APPLICATION - APPLICANT INFORMATION SECTION)**

**NOTE: Incomplete applications or applications unsigned by the applicant are unacceptable.**

☐ New ☐ Renewal If a renewal, provide expiring policy number _____

## APPLICANT INFORMATION:

**1. Licensee:**

Named Insured (Legal Licensee as shown on License including any DBA): _____

Mailing Address (of Licensee): _____

Location Address: _____

Phone number: _____ Email Address: _____ Licensee's Website Address: _____

Licensee is: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust
☐ Limited Liability Company ☐ Other Organization, including a Corporation

Is GL coverage in place or being applied for? _____ Is Assault or Battery excluded? _____

**2. Effective Dates/ Limits of Liability Requested:** **$** _____ Each Common Cause

Proposed Effective Date: From _____ To _____ **$** _____ Aggregate

**3. Liquor License:**

Type of License ☐ On-Premises ☐ Off-Premises ☐ Beer/Wine ☐ Liquor License #:_____

**4. Experience:**

Years the insured has been in business? _____ Years the insured has been at this location? _____

## TYPE OF RISK:

**5. Type of Business** (check all applicable):

☐ Bar, Sports Bar, Tavern, Microbrewery restaurants with >30% alcohol with Entertainment,
☐ Bar, Sports Bar, Tavern, Microbrewery >30% alcohol without Entertainment
☐ Bowling Lanes, Billiard or Pool Hall
☐ Gentlemen's Club/Adult club
☐ Nightclub, Cabaret or Comedy Club
☐ Lounge
☐ Off- Premises alcohol sales **ONLY** (including Caterers, Distributors, Convenience Stores, etc.)
☐ Restaurant with alcohol 30%
☐ Restaurant without alcohol sales
☐ Family Entertainment Center
☐ Other (describe): _____

**6. Patron Age Group:**

☐ 18-25 Yrs ☐ 26-35 Yrs ☐ > 35 Yrs Are minors allowed on the premises? ☐ Yes ☐ No

If yes, what types of controls are in place to prevent the sale of alcohol to minors? _____

**7. Hours of Operation:**

What are the daily operating hours? Sunday _____ Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____

What is the latest hour the establishment will ever stay open? _____ ☐ AM ☐ PM ☐ 24 hours

What time do you stop selling or serving alcohol? _____ ☐ AM ☐ PM ☐ 24 hours

Is this establishment open later than *like* establishments in the immediate vicinity? ☐ Yes ☐ No

## RISK CHARACTERISTICS:

**8. Seating Capacity:** Total Premises: _____ Dining Areas_____ Bar Areas: _____

**9. Entertainment, Promotions, or Amusement Devices on premises:** (check applicable or describe in Remarks):

☐ Bands of 3 or more persons (describe)
☐ Bowling Lanes
☐ Basketball
☐ Bungee Jumping
☐ Dart Lanes
☐ Dinner Theater (describe)
☐ Disc Jockey (describe)
☐ Dunk Tank
☐ Electronic Games
☐ Gaming
☐ Juke Box
☐ Karaoke (describe)
☐ Mechanical Bull
☐ Nudity (describe)
☐ Midget/Go-Kart racing
☐ Mud Wrestling (describe)
☐ Piano/Guitar (describe)
☐ Pinball Machines
☐ Pool Tables
☐ Pyrotechnics
☐ Shuffleboards
☐ Standup Comedy (describe)
☐ Swimming Pool or Lake
☐ Trampoline
☐ Volleyball
☐ Other (describe)
☐ Live Entertainment (describe)

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**10. Dance floor:** ☐ Yes ☐ No How many bar areas? _____

**11. Area:** Total Premises:_____ Dining/Bar Areas:_____ Dance Floor:_____

**12. BYOB:** Is there a "Brown Bag" or "BYOB" policy in place at this establishment, where patrons may bring their own alcoholic beverages for consumption either during the establishment open hours, or after hours?
☐ Yes ☐ No If yes, identify the serving policy

**13. Off-premises operations:**
Any off-premises events? ☐ Yes ☐ No
Catering? ☐ Yes ☐ No If yes, catering receipts for past 12 months: _____
Are alcoholic beverages supplied by you? ☐ Yes ☐ No
Is bartender supplied by you? ☐ Yes ☐ No
Is food supplied at all catered events? ☐ Yes ☐ No

**14. Parking:** ☐ Lot on premises ☐ Street parking ☐ Public parking adjacent to premises ☐ Valet parking

**a.** If lot on premises, number of spaces: _____
**b.** Estimated daily number of 'walk-in' trade: _____
**c.** Do you operate a "drive-thru" facility? ☐ Yes ☐ No
If yes to "c": the entire risk is **PROHIBITED.**
**d.** Do you sell open containers or ready made cocktails? ☐ Yes ☐ No
If yes to "d", the entire risk is **PROHIBITED.**

**15. Location of Premises:** ☐ Inside Corporate limits of city/village/town If no, how far outside (miles)?_____

**a.** On or near a college or university campus? ☐ Yes ☐ No
If yes, provide name of college/university, and contact your company Underwriter for prior approval: _____

**b.** On or near a military base or installation? ☐ Yes ☐ No
If yes, provide name of military base/installation, and contact your company Underwriter for prior approval:
_____

## ANNUAL GROSS RECEIPTS:

| | Food | Beverage | Package | Other (describe) |
|---|---|---|---|---|
| **16. Policy Year (estimated)** | $_____ | $_____ | $_____ | $_____ |
| **Last Year (actual)** | $_____ | $_____ | $_____ | $_____ |

Are beverage sales limited to beer/wine? ☐ Yes ☐ No
Liquor receipts as a percentage of total receipts: Policy Year (est.) _____% Last Year (actual) _____%

## VIOLATIONS/CLAIMS EXPERIENCE:

**17**. Has liquor license ever been suspended or revoked? ☐ Yes (give details in remarks) ☐ No

**18.** Within the past three years has applicant received any violations, fines or citations from local law enforcement, liquor control board, department of health or sanitation, bureau of ATF or other local, state or federal agencies?
☐ Yes (give details in remarks) ☐ No

**19**. Has any company cancelled or refused coverage during the past three years?
☐ Yes (give details in remarks) ☐ No

**20.** Any claims made in the past three years? ☐ Yes (give details in remarks) ☐ No

**a.** If yes above, any claims arising out of assault with a weapon? ☐ Yes ☐ No
**b.** If yes above, two or more claims arising out of customers and their automobiles? ☐ Yes ☐ No
**c.** If yes above, three of more in the past three years? ☐ Yes ☐ No

Details of claim(s): _____

**21. Previous Insurance Carriers** (name of carrier, policy numbers, years of coverage):
Previous term: _____
Next previous term: _____
Next previous term: _____

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# LIQUOR LIABILITY APPLICATION

## SECURITY/ALCOHOL AWARENESS:

**22.** Any security present: ☐ Yes ☐ No If Yes, Describe: _____

**23.** Are security persons, including bouncers:

- **a.** Employees, independent service, on/off duty police? (describe) _____
- **b.** If other than employees, are Certificates of Insurance obtained: ☐ Yes ☐ No
- **c.** Is Security: ☐ Armed ☐ Unarmed
- **d.** Is conflict avoidance training provided for security staff: ☐ Yes ☐ No

Number of employed: Security: _____ Bar Tenders: _____ Wait Persons: _____ Liquor Servers: _____

**24**. Number of police calls within the last year _____

**25.** Are ALL patrons' IDs checked? ☐ Yes ☐ No Describe ID verification procedures: _____

**26.** Alcohol Awareness Program (TIPS, Learn 2 Serve, etc.) provided for ALL liquor servers, bar and wait staff?
☐ Yes ☐ No
Please list several key aspects of your awareness program (ex. drink count / documentation / alert bartender – manager, etc.): _____

**27.** Are identified intoxicated patrons offered: Coffee/Food? ☐ Yes ☐ No Taxi Cab Home? ☐ Yes ☐ No

## ADDITIONAL INSURED:

**28.** If risk is tenant occupied is the owner of the premises required to be named as an additional insured?
☐ Yes ☐ No
If yes, please provide the following information:
Name: _____ Address: _____

## REMARKS:

_____

_____

***SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.***

***FRAUD NOTICES:***

***PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.***

**ARKANSAS**: A.C.A. § 23-66-503
"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."

**COLORADO**: C.R.S. 10-1-128
"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 CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**DISTRICT OF COLUMBIA**: D.C. Code § 22-3225.09
"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."

**FLORIDA**: Fla. Stat. § 817.234
"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

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# LIQUOR LIABILITY APPLICATION

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|---|
| **KENTUCKY**: KRS § 304.47-030<br>"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." |
| **LOUISIANA**: La. R.S. 40:1424<br>"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." |
| **MAINE**: 24-A M.R.S. § 2186<br>"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 A DENIAL OF INSURANCE BENEFITS." |
| **NEW JERSEY**: N.J. Stat. § 17:33A-6<br>"ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES." |
| **NEW MEXICO**: N.M. Stat. Ann. § 59A-16C-8<br>"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." |
| **OHIO**: ORC Ann. 3999.21<br>"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." |
| **OKLAHOMA**: 36 Okl. St. § 3613.1<br>"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." |
| **OREGON**: Bulletin 2010-3<br>"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 MAY BE GUILTY OF INSURANCE FRAUD." |
| **PENNSYLVANIA**: 18 Pa.C.S. § 4117(K)(1)<br>"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." |
| **RHODE ISLAND** R.I. Gen. Laws § 27-54-8 – DISCLOSURE OF ARSON CONVICTION. ( SEE ALSO "OTHER STATES" NOTICE THAT APPLIES.) "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINIAL PENALTIES." |
| **TENNESSEE**- Tenn. Code Ann. § 56-53-111(b)(1)(A); **VIRGINIA** - Va. Code Ann. § 52-40; **WASHINGTON-** Rev. Code Wash. (ARCW) § 48.135.080.<br>"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." |
| **OTHER STATES including but not limited to**:<br>**MARYLAND** - Md. INSURANCE Code Ann. § 27-805; **RHODE ISLAND -** R.I. Gen. Laws § 27-29-13.3; **WEST VIRGINIA -** W. Va. Code § 33-41-3.<br>WARNING: 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 MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. |

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**NEW YORK**: NY CLS Ins § 403
"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."

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.**

| | |
|---|---|
| **Applicant Name (Name of Company)** | **Producer's Name** |
| **Signature of Authorized Representative** | **Producer's Signature** |
| **Print Name** | **Producer's Phone** |
| **Title** | **Producer's Fax** |
| **Date** | **Producer's Email** |