

LIQUOR LIABILITY APPLICATION

THIS IS A WARRANTY APPLICATION FOR PRIMARY OR EXCESS LIQUOR LIABILITY INSURANCE

ALL QUESTIONS MUST BE ANSWERED, IF THE ANSWER TO ANY QUESTIONS IS NONE, STATE 'NONE'. THE APPLICATION MUST BE SIGNED AND DATED BY THE OWNER, PARTNER OR OFFICER. READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

If renewal, Please provide expiring Policy Number: _____

1. Name of Applicant _____

DBA: _____ Phone: () _____

2. Mailing Address: _____

3. Location: _____

4. The applicant is: Individual Partnership Corporation Other (Describe) _____

5. How long in business at this location? _____

6. Name on license: _____ License Number: _____

7. Are operations seasonal? Yes No If Yes, what is season? _____ to _____

8. Type of Business: Function Hall Concessionnaire
 Bar/ Tavern Private Club
 Restaurant Off-Premises Caterer Other (Describe) _____

9. Does applicant engage in any off-premises operations? Yes No Describe: _____

10. Has Owner, Partner or Officer filed Bankruptcy in the last 5 years? Yes No If Yes, explain: _____

11. Name of person who keeps books: _____ Phone: () _____

12. ESTIMATED RECEIPTS PAST 12 MONTHS / NEXT 12 MONTHS

TOTAL GROSS RECEIPTS FOOD \$ _____ / \$ _____

TOTAL GROSS RECEIPTS ALCOHOLIC BEVERAGES \$ _____ / \$ _____

13. Are facilities available for private affairs, banquets or receptions? Yes No

If Yes, Number of functions handled annually: _____ Describe Types: _____

14. Provide a breakdown of food receipts and liquor receipts generated by banquet operations:

Food Receipts: \$ _____ Liquor Receipts: \$ _____

15. If applicant engages in sale of alcoholic beverages for on-premises consumption and off premises consumption provide a breakdown of revenue per exposure.

ON PREMISES

OFF PREMISES

Food Receipts: \$ _____

Food Receipts: \$ _____

Liquor Receipts: \$ _____

Liquor Receipts: \$ _____

16. Are dancing and entertainment featured at banquet operation? Yes No

17. Does applicant have regularly schedule entertainment? Yes No If Yes, number of times a week? _____

18. If any entertainment, describe: Disco Solo Vocalist
 Rock & Roll Band, # of Members _____
 DJ CI Juke Box/Karaoke Stage/Floor Show, Describe: _____

19. Does applicant have occasional entertainment? Yes No If Yes, number of times a year: _____

20. Is dancing permitted? Yes No If Yes, size of dance floor: _____

21. Area of total premises: _____

22. Is there a Minimum or Cover Charge? Yes No Annual receipts generated by coverage charge: _____

23. Are there bouncers employed? Yes No

24. Are alcohol-serving employees required to complete a formal alcohol training course? Yes No

If Yes, name of course (e.g. TIPS, TAM , BEST, etc.) _____

25. Normal hours of operations: Mon. – Thur. _____ Fri. _____ Sat. _____ Sun. _____

26. Does applicant have major or minor amusement devices (including pool tables, darts, shuffleboard, pinball, video machines, etc.)

Yes No If Yes, Please advise number and type: _____

27. Does applicant have any mechanical devices or rides such as mechanical bull, robo surfer, virtual reality entertainment devices,

etc.? Yes No If Yes, Please advise as to how many and type: _____

28. Within the past five years has the applicant been cited by the Liquor Control Commission? Yes No

If Yes, describe and advise as to date: _____

29. Within the past five years has the applicant had any reported Liquor Liability Claims? Yes No

If Yes, advise as to details, date of loss, reserve, status etc.: _____

30. Within the past five years has the applicant had insurance cancelled, not renewed or been refused coverage? Yes No

If Yes, give full details: _____



31. Desired Policy Period: _____ to _____

32. Limits desired: Each Common Cause _____ Aggregate _____

EXCESS LIQUOR LIABILITY ONLY IMPORTANT: ATTACH COPY OF PRIMARY POLICY TO THIS APPLICATION

33. Primary Carrier: _____ Policy Period: _____ to _____

34. Does underlying policy contain an annual aggregate limitation? Yes No

35. Does the aggregate apply per location? Yes No

36. Are defense costs included within the limit of liability? Yes No

37. Is underlying written on a claims made form? Yes No

38. Limits of excess Insurance desired: _____ Each Common Cause _____ Aggregate

In Excess of Underlying Limits of _____ Each Common Cause _____ Aggregate

FRAUD STATEMENT: 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 THE APPLICANT

WARRANTIES:

I/WE WARRANT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND THAT IT SHALL BE THE BASIS OF THE POLICY OF INSURANCE AND DEEMED INCORPORATED THEREIN, SHOULD THE COMPANY EVIDENCE BE NULL AND VOID IF SUCH INFORMATION IS FALSE, OR MISLEADING, OR WOULD MATERIALLY AFFECT ACCEPTANCE OF RISK BY THE COMPANY.

I/WE HEREBY AUTHORIZE RELEASE OF CLAIM INFORMATION FROM ANY INSURERS OR THEIR GENERAL EQUAL TO THE LIQUOR LIABILITY LIMITS DURING THE ENTIRE TERM OF THE LIQUOR POLICY.

I/WE AGREE TO SUBMIT RECORDS FOR AUDIT BY THE COMPANY UPON TERMINATION OF EXPIRATION OF THIS POLICY FOR THE DETERMINATION OF ACTUAL GROSS RECEIPTS DURING THE PERIOD OF COVERAGE, IF REQUESTED.

SIGNATURE OF APPLICANT* _____ TITLE _____ DATE _____

(MUST BE OWNER, PARTNER OR OFFICER)

*SIGNING THIS APPLICATION DOES NOT BIND APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS: _____