



LIQUOR LIABILITY APPLICATION

Founders Insurance Company
1111 E. Touhy Ave., Ste. 300
Des Plaines, IL 60018
Toll Free Tel: (800) 972-8778 Fax: (847) 795-0061
www.foundersinsurance.com

1. New Renewal If a renewal, provide the expiring policy number: _____
2. Producer Code: _____
3. Effective Date: _____ To _____ Target Premium: \$_____
4. Applicant's Legal Name: _____
 Doing Business as: _____
5. Mailing Address: _____
6. Location Address:¹ _____
7. Insured's Website Address: _____
8. Inspection Contact Name: _____ Phone Number _____
 Audit Contact Name: _____ Phone Number _____
9. Has the applicant or any principal with a controlling interest filed for bankruptcy in the past 5 years or has a Tax Lien?
 Yes No
10. How many times has Emergency Personnel Responded to your establishment in the past 12 months?
 _____ Police _____ Ambulance _____ Fire
11. Applicant's Building Interest Owner Owner's Name _____
 Tenant Owner's Address _____
12. Maximum Legal Capacity: _____ Square Feet Occupied: _____
 Bars _____ Dining Rooms _____ Banquet Rooms _____
13. Number of Years Applicant has operated at this location _____
14. Former Names under which Applicant has operated this location _____
15. Applicant's Owner/Partner's/Majority Stockholder's Experience in hospitality industry _____ Years
16. If Applicant's owner/partner/majority stockholder is not active in the day-to-day operation of this business, Hired Manager has _____ Years' experience operating/managing at this location
17. Type of Business (Check all that Apply)

<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Pool/Billiard Hall	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Nightclub/Dance Club	<input type="checkbox"/> Casino/Gaming	<input type="checkbox"/> Banquet Hall
<input type="checkbox"/> Adult Entertainment/Strip Club	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Off-Premises Caterer
<input type="checkbox"/> Karaoke/Hostess Bar	<input type="checkbox"/> Country Club/Golf Course	<input type="checkbox"/> Convenience/Grocery Store
<input type="checkbox"/> Private/Social/Fraternal Club	<input type="checkbox"/> Hotel/Motel/Lodge	<input type="checkbox"/> Wholesale Distributor
<input type="checkbox"/> Comedy Cub	<input type="checkbox"/> Concession Stan	<input type="checkbox"/> Music/Sports Venue
<input type="checkbox"/> Liquor/Package Store	<input type="checkbox"/> Other (describe) _____	
18. Estimated Receipts: _____

¹ If requesting coverage for more than one location, please complete a separate Liquor Liability Application for each.

Annual Food Receipts On-Premises	Annual Food Receipts Off-Premises	Annual Liquor Receipts On-Premises	Annual Liquor Receipts Off-Premises	Annual Other Receipts (Describe)	Total Annual Receipts
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

19. Limits Requested: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 Other \$ _____

Combined Single Limit/Aggregate Split Limits/Aggregate (where available)

20. Assault & Battery Buy-back limit Requested: \$50,000/\$50,000 \$100,000/\$100,000 \$300,000/\$300,000

21. Assault & Battery Buy-back limit provided under General Liability coverage: \$ _____
(Assault & Battery Buy-Back limit must be equal to or greater than limits requested)

22. Does Applicant have a valid & active Liquor License? Yes No (If no, risk is ineligible for program)

23. Name on Liquor License: _____

24. Liquor License Number: _____ Licensing Authority: _____

Michigan Business ID # (applicable only in the state of Michigan): _____

25. Hours of Operation:

Mon _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm	Fri _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Tues _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm	Sat _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Wed _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm	Sun _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Th _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm	Open 24 hours <input type="checkbox"/> Yes <input type="checkbox"/> No

26. Average Age of Patrons less than 21 _____% 21-29 _____% 30s _____% 40s _____% 50+ _____%

27. Clientele Types: Area Residents Area Workers Tourists College _____

28. Number of alcohol servers employed: Managers _____ Bartenders _____ waiters/waitresses _____

29. Are alcohol servers certified in a formal alcohol training course? Yes No

Name of the Course: _____ Number of Servers: _____

ASK (Alcohol server Knowledge)

CAST (Certified Alcohol Sales Training)

TAM (Techniques of Alcohol management)

TIPS (Training for Intervention Procedures)

30. Are employees or other persons permitted to consume alcohol during their hours of employment or after closing time? Yes No

31. Does/will applicant ever permit anyone other than their own employees to serve alcohol? Yes No

32. Are facilities available for banquets, receptions or private affairs? Yes No
If yes, how many functions are handled annually? _____

Describe Types: _____

Provide sales: Food \$ _____ Liquor \$ _____

33. Does Applicant sell or serve alcohol away from the premise (location shown in #6 above)? Yes No
If yes, describe _____

34. ENTERTAINMENT (times per week/month/year) (Check all that applies)

- | | |
|---|--|
| <input type="checkbox"/> Disc Jockey _____ Times per _____ | <input type="checkbox"/> Solo Vocalist _____ Times per _____ |
| <input type="checkbox"/> Live Bands _____ Times per _____ | <input type="checkbox"/> Comedy Acts _____ Times per _____ |
| <input type="checkbox"/> Karaoke _____ Times per _____ | <input type="checkbox"/> Stage/Floor Shows _____ Times per _____ |
| <input type="checkbox"/> Teen Nights _____ Times per _____ | <input type="checkbox"/> Piano/Guitar Player _____ Times per _____ |
| <input type="checkbox"/> Mosh Pits _____ Times per _____ | <input type="checkbox"/> Outdoor Concerts _____ Times per _____ |
| <input type="checkbox"/> Adult/Exotic Dancing | <input type="checkbox"/> Boxing/Wrestling _____ Times per _____ |
| <input type="checkbox"/> Pay Per View Events Describe _____ | |
| <input type="checkbox"/> Other Live Performers Describe _____ | |
| <input type="checkbox"/> Customer Contests Describe _____ | |
| <input type="checkbox"/> Other Describe _____ | |

Describe type of Music:

- | | | | | |
|---------------------------------------|---------------------------------------|------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Top 40's/Pop | <input type="checkbox"/> Classic Rock | <input type="checkbox"/> Soft Rock | <input type="checkbox"/> Alternative | <input type="checkbox"/> Country |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> R&B | <input type="checkbox"/> Rap | <input type="checkbox"/> Other _____ | |

35. Is Dancing permitted? Yes No If Yes, _____ x per _____

If Dance Floor, Size of Dance floor _____ Square Feet

36. AMUSEMENT DEVICES

- | | |
|---|--|
| <input type="checkbox"/> Pool Tables # _____ | <input type="checkbox"/> Bowling Lanes # _____ |
| <input type="checkbox"/> Video Games # _____ | <input type="checkbox"/> Dart Boards # _____ |
| <input type="checkbox"/> Mechanical Devices/Bull Riding # _____ | <input type="checkbox"/> Rock/Velcro Wall |
| <input type="checkbox"/> Trampoline/Inflatable bouncing area | <input type="checkbox"/> Pyrotechnics |
| <input type="checkbox"/> Gyroscopes | <input type="checkbox"/> Bungee Jumping |
| <input type="checkbox"/> Juke Box | <input type="checkbox"/> Foam/Bubble Machines |
| <input type="checkbox"/> Swimming pools | <input type="checkbox"/> Gambling devices |
| <input type="checkbox"/> Poker Tables/Dealers | |
| <input type="checkbox"/> Other Describe _____ | |

37. PROMOTIONS / SPECIALS

a) Are there wine/beer sales only? (No explanation needed) Yes No

b) Is there a full bar? (No explanation needed) Yes No

c) Are shots specials offered? (Explanation needed) Yes No

d) Are there any drinking contests? (Explanation needed) Yes No

e) Is there a happy hour, or drink specials or similar promotions? (Explanation needed) Yes No

- f) Is there a ladies night? (Explanation needed) Yes No

- g) Are multiple drink incentives offered (i.e. 2 for 1's, every 3rd drink is free, etc.)? Yes No
- h) Are flaming or ignited drinks served? Yes No
- i) Are complimentary drinks or "all you can drink specials" offered? Yes No
- j) Is there a cover charge? (If "yes", provide cover charge amount) \$ _____ Yes No
- k) Is there a last call? (If "yes", indicate time given) _____ Yes No
- l) Any alcoholic beverage ever offered free of charge? (If "yes", explain)
 _____ Yes No
- m) Are clients/guests allowed to mix their own drinks? (No explanation needed) Yes No
- n) Are patrons permitted self-serve alcohol at any time including bottle service? Yes No
38. Does Establishment have a drive-through facility? Yes No
38. Is there a pier (dock) within a one-mile radius? Yes No
40. Is there a college/university within a one-mile radius? Yes No
 If yes, Name: _____
41. Does Establishment permit "bring-your-own-bottle" (BYOB) or set-ups? Yes No
42. Does Establishment permit patrons under 21 years old on premises or bar area after 10 pm? Yes No
 If yes, Describe Controls _____
43. Does Applicant employ bouncers or other security personnel? If yes, Yes No
 Do they carry weapons Yes No
 Are they Employees Independent Contractors Both
44. If applicant uses contractors for security:
 Does the applicant have a written agreement with these contractors Yes No
 Do they provide certificates of insurance evidencing EQUAL General Liability coverage including A&B coverage & Naming the applicant and their landlord entities as additional insured? Yes No
45. Does applicant engage police officers for work in or about the insured location? Yes No
 Please check the appropriate box(s) to indicate how the police officers are engaged & their Services invoiced:
 Through Municipality Through a Secondary Employment Co. As an Individual
46. Are guns/weapons permitted or kept on premises? Yes No
 If Yes, Where are they kept? _____
47. If Non-Profit Private, Fraternal or Social club:
 a. Are same day memberships available? Yes No
 b. Is self-service of alcohol by members permitted? Yes No
 c. Is BYOB (bring your own bottle) permitted for banquet operations only? Yes No
48. BRING YOUR OWN BOTTLE (BYOB) Establishments:

Does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons? Yes No

49. ON-PREMISES TASTING OF ALCOHOL:

a. Is eight ounces the maximum amount of complimentary samples permitted for any one patrons per day? Yes No

b. If someone other than the applicant's employees is serving the samples, are they required to carry their own Liquor Liability Insurance at limits equal to or greater than the applicant's? Yes No

50. *Within the past five (5) years, has liquor liability coverage been declined, cancelled or non-renewed? Yes No

51. *Within the past five (5) yeas, has Applicant been cited for any violations of law relating to the sale of Alcohol? Yes No

52. *Has liquor license ever been non-renewed, cancelled, suspended or revoked? Yes No

53. *Are there any Assault & Battery claims in the past three (5) years? Yes No

54. If yes to any of the three questions above(*), describe further (include dates, circumstances, and preventive measures taken)

55. Is there a written policy on serving alcohol to employees and customers? (If "NO" proceed to 1.b.) Yes No

a. Do they include policies and procedures regarding non-service to minors & intoxicated persons? Yes No

b. Are age limits posted? (No explanation needed) Yes No

c. Are underage patrons allowed on premises? (No explanations needed) Yes No

d. Do employees check identification of patrons prior to serving or selling alcohol? (if "YES", explain how age of customer is verified) Yes No

e. Are actions take if an employee is found selling/serving alcohol to a minor? (If "YES" explain) Yes No

f. Are background checks done on employees? (No explanation needed) Yes No

56. Are there procedures for handling violent or disruptive patrons? (If "YES", describe procedures) Yes No

57. Is management notified prior to refusing to serve patrons? (No explanation needed) Yes No

58. Is documentation kept on each incident involving refusal to serve patrons? (No explanation needed) Yes No

59. Are there formal procedures for preventing a noticeably intoxicated person from driving? Yes No

60. Do you or employees provide transportation home to apparently intoxicated patrons? Yes No

61. Do you subscribe to a Taxi or other service providing transportation home to apparently Intoxicated person from driving? Yes No

62. Is there video surveillance on premises during operating hours? (If "YES", how long are videos kept?) Yes No

63. List all claims and suits brought against Applicant within the past five (5) years (5 years loss runs preferred, minimum 3 years currently valued loss runs required to bind)

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Status of claim O = Open C = Closed
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

64. Expiring Liquor Liability carrier: _____

Expiring Policy period: From _____ To _____

Expiring Policy Limits: \$ _____ Deductible \$ _____

Expiring Premium: \$ _____

65. Within the past 5 years, has applicant's liquor coverage been cancelled or non-renewed? Yes No

If yes, explain: _____

66. **ADDITIONAL INSURED & CERTIFICATE HOLDERS** Interest Applicable Section

Name: _____ Liquor GL
 Address: _____ Add Insured Cert Holder

Interest: _____

Name: _____ Liquor GL
 Address: _____ Add Insured Cert Holder

Interest: _____

Name: _____ Liquor GL
 Address: _____ Add Insured Cert Holder

Interest: _____

67. **FRAUD WARNING:**

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject to the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

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

APPLICABLE IN COLORADO

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.

APPLICABLE IN OKLAHOMA

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.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON

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.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

68. WARRANTIES & REPRESENTATIONS

In submitting this Application, the undersigned warrants and represents that:

- a) The information in this Application and all attachments are true and complete as of the date submitted;
- b) Founders Insurance Company may, and is intended to rely upon such information in determining whether to issue insurance coverage and, if so, what premium and upon what terms;

- c) Upon any change in circumstances which bear upon the accuracy or completeness of the undersigned's representations herein, he/she shall notify Founders Insurance Company immediately in writing and such notice shall become a part of this Application;
- d) Founders Insurance Company may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this Application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- e) Neither the insured nor any principal with a control interest in the insured, has filed for bankruptcy within 12 months prior to the date the application is signed;
- f) General Liability insurance is carried by the insured at limits equal to or greater than Liquor Liability on our policy;
- g) The insured has and will maintain a valid liquor license prior to the insured selling, serving or distributing alcohol.
- h) The undersigned authorizes all former liability insurers and all accounting firms to disclose to Founders Insurance Company and/or its agents all available information concerning the undersigned's prior underwriting or claims history and liquor purchases and receipts, and releases all such former liability insurers and accounting firms, Founders Insurance Company and its agents from any liability resulting from such disclosures and use, even if such information is incomplete or erroneous;
- i) Upon submission of this application and at any time thereafter the undersigned shall make available to Founders Insurance Company and its agents access to the premises and operations to be insured for an inspection and copies of the last four (4) calendar quarters of sales tax returns;
- j) The submission of this Application shall not bind Founders Insurance Company or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage; and
- k) Should Founders Insurance Company issue insurance coverage which is accepted by the undersigned:
 - 1) The undersigned shall allow Founders Insurance Company to audit its books, records, and operations, including an audit of the estimated liquor receipts to ensure their accuracy and/or actual liquor receipts for any relevant time period;
 - 2) The undersigned shall maintain accurate books and records of its liquor receipts for three (3) years following policy expiration and shall send to Founders Insurance Company copies of any documents requested;
 - 3) The premium payable for the insurance coverage is a deposit premium only and may be adjusted by Founders Insurance Company at any time during the policy period and up to three years after its expiration based upon the rates in effect at policy inception; and
 - 4) The undersigned shall pay any additional premium due to Founders Insurance Company within fifteen (15) days of receipt of an invoice.

Agent _____
(Signature)

Applicant _____
(Signature)

Date _____

Title _____ Date _____