

## QUESTIONNAIRE – LIQUOR LIABILITY

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Do all professionals, and the business, have current licenses where required by statute?  Yes  No

Limits Desired: \_\_\_\_\_ Each Common Cause: \$ \_\_\_\_\_; Aggregate: \$ \_\_\_\_\_

### BUSINESS DESCRIPTION

- Type of Business:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Restaurant        | <input type="checkbox"/> Off-Premises Caterer     | <input type="checkbox"/> Manufacturer  |
| <input type="checkbox"/> Bar or Tavern     | <input type="checkbox"/> Hall for Rent            | <input type="checkbox"/> Distributor   |
| <input type="checkbox"/> Night Club        | <input type="checkbox"/> Adult Entertainment Club | <input type="checkbox"/> Liquor Store  |
| <input type="checkbox"/> Country Club      | <input type="checkbox"/> Fraternal Club           | <input type="checkbox"/> Event         |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Private Club             | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Concessionaire    |   | _____                                  |

### REVENUES

<i>Total Gross Annual Receipts:</i>	<i>Prior 12 Months</i>	<i>Current 12 Months</i>
Food:	\$ _____	\$ _____
Alcohol (Consumption ON premises):	\$ _____	\$ _____
Alcohol (Consumption OFF premises):	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Please describe 'Other:':	_____	

*(If applicant has more than one operation at the same location, please provide breakdown of receipts by operation in the Notes section.)*

### BUSINESS ACTIVITIES

*(Note: If there are multiple locations, please submit the information requested in this section for each location.)*

Years current owner has been in business at this location: \_\_\_\_\_

If less than 3 years please describe prior experience: \_\_\_\_\_

Hours of operation (regular or seasonal): \_\_\_\_\_

Square foot area the business occupies: \_\_\_\_\_

Average age of patrons: \_\_\_\_\_

Are all ID's checked:  Yes  No

Number of police calls within the last year:: \_\_\_\_\_



Do you offer any of the following drink specials:

- Happy hour.                       Drinks over 24 oz.                       Complimentary drinks.                       All you can drink.
- Drinking contests.                       Whole liquor bottle service or setups.

Please describe any other special offers, promotions or discounts on alcoholic beverages:

---



---

Please describe any sponsored events ON or OFF the Named Insured's premises (Type, number, alcohol sales, contests, etc.):

---



---

Please describe any fines or citations the Named Insured has received in the prior 5 years:

---



---

**STAFFING**

Number of Employees: \_\_\_\_\_

Please describe hiring practices: \_\_\_\_\_  
\_\_\_\_\_

Please describe training practices: \_\_\_\_\_  
\_\_\_\_\_

Any security (Guards, bouncers, door-persons, videotaping, etc.)?                       Yes  No

Please describe: \_\_\_\_\_

Are all alcohol servers certified in a formal alcohol-training course? (TIPS / TOPS, or other)                       Yes  No

**ENTERTAINMENT**

Music / DJs?     Yes  No

Dance floor?     Yes  No

Live music?     Yes  No

Types: \_\_\_\_\_

Area of Dance floor: \_\_\_\_\_

Num. of performers: \_\_\_\_\_

Types: \_\_\_\_\_

Cover charge:     Yes  No

How often: \_\_\_\_\_

Please describe ANY other type of entertainment (Amusement devices, shows, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL EVENTS**

Does your special event have a liquor license?  Yes  No

If "No" to the above, does the event have a subcontracted liquor vendor with license?  Yes  No

Is liquor served in a fenced off area (permanent or temporary)?  Yes  No

Is there a procedure for checking ID's of patrons entering the liquor-serving area?  Yes  No

Is there a limit to the number of alcoholic beverages served to a patron at any one time?  Yes  No

What is that drink limit? \_\_\_\_\_

**LOSS HISTORY**

Please describe ANY losses in the prior 5 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL NOTES**

Plases provide any additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT NOTICE**

**I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.**

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

\_\_\_\_\_  
Applicant Signature Title Date

\_\_\_\_\_  
Producer Signature Date

\_\_\_\_\_  
Producer Name and Address