

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

Please 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