



P. O. Box 30527
 Phoenix, Arizona 85046
 (602) 494-6900 (800) 228-1710
 FAX (602) 494-6999

LIQUOR LIABILITY APPLICATION

Please answer all questions in full.

Incomplete and/or missing answers will cause delays in processing or may cause coverage to be declined.

Effective From:	To:	Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> Other:	
Applicant:		Producer:	
Mailing Address:		Address:	
City, State, Zip:		City, State, Zip:	
Business Telephone:		Telephone:	Fax:
Location of Premises to be Insured:			
Has Applicant, any partner or any office of Applicant been the subject of any voluntary or involuntary bankruptcy proceedings within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, explain in remarks section on page 2.			
Number of Years in Current Business:		Number of Premises to be Insured: (attach app. for each location)	
Name on Liquor License:			Liability Limits:
Type of Establishment (ie, Tavern, Restaurant, etc.) _____			
Banquet Facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		Catering? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Club? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes to any of the above, cwcej 'hgwt 'qhgzrncpckqp.</i>			
Entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe: _____	
Disco/Video <input type="checkbox"/> Topless		Live Band	
Rock & Roll		Stage or Floor Show	
DJ		Karaoke	
Happy Hour? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe (include special offers): _____	
How many days per week? _____		Price of Drinks? _____	
Size of Dance Floor (sq. ft.)? _____		Happy Hr Time _____ A.M. P.M. To _____ A.M. P.M.	
Cover Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Amusement Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many? _____ Describe (incl # of each): _____	
Check as Applicable: <input type="checkbox"/> Pool Tables <input type="checkbox"/> Shuffle Board <input type="checkbox"/> Dart Boards <input type="checkbox"/> Juke Box Other (Describe): _____			
Are any tournaments held on premises? Yes No How Often? _____			
Explain any special promotions such as Two-For-One Nights, Drink and Drown Nights, All You Can Drink Nights, Half-Price Nights, Ladies' Nights, etc. (Explain Fully) _____			
Does the insured sponsor any activities? Describe: _____			
Area Surrounding Premises: <input type="checkbox"/> Downtown District <input type="checkbox"/> Residential <input type="checkbox"/> Shopping Center <input type="checkbox"/> Commercial			
Rural <input type="checkbox"/> Industrial <input type="checkbox"/> Seasonal/Resort <input type="checkbox"/> Campus <input type="checkbox"/> Distance to Nearest College Campus? _____			
Is parking area well lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any outdoor serving areas? Yes No If yes, describe: _____			
Clientele (check all that apply): Local Residents Families Retirement Community Transient Students			
Age (check all that apply): 24 and Under <input type="checkbox"/> 25 to 30 <input type="checkbox"/> Over 30			
Management:			
Bouncer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ Any off duty police? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is a gun kept on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it loaded? <input type="checkbox"/> Yes <input type="checkbox"/> No Where is gun kept? _____			
Number of bartenders on duty? _____			
Have all servers completed a certified training course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, are all employees now enrolled in the next available course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who is checking I.D.'s? _____ When? _____			
Is a card file kept on patrons whose I.D.'s have been checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (In some states this protects the insured.)			

General Information:

Are premises inside or outside an incorporated municipality? Inside Outside
 Opening Hours: _____ A.M. P.M. Closing Hours: _____ A.M. P.M.
 Seating Capacity: Dining Room _____ Bar Area _____ # of Bartenders _____ Male _____ Female _____
 Does establishment allow liquor to be brought in (BYOB)? Yes No

Insurance History

Previous Liquor Liability Insurer (full name of insurance company): _____
 Did the previous carrier write a claims made policy? Yes No
 Describe any liability losses claimed or sustained within the past 5 years whether insured or not (include loss amount).

Has liquor liability insurance been denied, cancelled or non-renewed within the last 3 years? Yes No

If yes, explain. _____

Has the applicant been fined within the last 3 years? Yes No If yes, give dates and describe violations.

Annual Gross Receipts:	Present Year – Estimated	Prior Year _____	Prior Year _____
Liquor Sales	\$ _____	\$ _____	\$ _____
Food Sales	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Who can be contacted for audit purposes? Name: _____ Phone No. _____

Name of current general liability carrier: _____

GL Policy Period: From: _____ To: _____ GL Policy Limits: _____

Is Assault and Battery excluded on current G.L. policy? Yes No

REMARKS:

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.

 Applicant's Signature

 Date

 Producer's Signature

 Date

 Agency Name

 Account Number