

1. Name of Applicant Federal Employer I.D. No.
2. Address Street City County State ZIP Code
3. Nature of Business
4. Length of time in this or similar business
5. Direct Control by:  Owner/Lessor  Manager/Operator
6. Total receipts of your business \$ Total receipts from alcoholic beverages \$  
 Receipts break-out by type: Beer \$ Wine \$ Liquor \$
7. Do you hold a retail liquor license?  Yes  No  
 Other license (describe)
8. Is liquor sold for on premises consumption only?  Yes  No  
 If no, provide details.
9. Do you have a "Happy Hour," "two-for-one" or other types of special promotions?  Yes  No  
 If yes, describe and indicate frequency.
10. General Information
  - a. Opening and closing hours
  - b. Seating capacity: Dining Room Bar area
  - c. Number of: Bartenders Waiters/Waitresses
  - d. Dry area/county (alcoholic beverages available with private membership only)?  Yes  No
11. Entertainment provided (check all that apply):
 

<input type="checkbox"/> Live entertainment – Type	How often
<input type="checkbox"/> Dancing – If permitted, area of dance floor	
<input type="checkbox"/> Pool Tables - #	<input type="checkbox"/> Pinball Machine - #
<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Video Games - #
12. Do you provide hospitality suites/rooms?  Yes  No  
 If yes: Frequency Location  
 Conditions under which they are provided
13. Provide details of "Special Events" or contests you sponsor.  
 Alcohol is:  (a) Furnished Only  (b) Served Only  (c) Both (a) & (b)
  - A. Details of "Special Events" or contest during the past twelve (12) months.
  - B. Detail your plans for "Special Events" or contests for the upcoming twelve (12) months.

14. Is there a formal written program to require proof of age from minors and to avoid selling alcohol to intoxicated persons?

Yes  No

If yes: Person responsible for its enforcement

How is this communicated to this party? \_\_\_\_\_

15. Do employee hiring practices include background reference checks including a police record check?  Yes  No

If yes, describe. \_\_\_\_\_

\_\_\_\_\_

16. Describe type of alcohol awareness training your employees receive:

a. When hired \_\_\_\_\_

b. On a scheduled and on-going basis \_\_\_\_\_

17. Explain all **YES** responses:

a. Are employees permitted to drink alcohol while working?  Yes  No

b. Are servers required to be licensed by the state or local government?  Yes  No

c. Has your Liquor Liability Insurance ever been cancelled, declined or nonrenewed?  Yes  No  
NOT APPLICABLE IN MISSOURI

d. Has your Liquor license ever been suspended or revoked?  Yes  No

e. Have any claims arising out of the serving of alcoholic beverages been paid or reported during the preceding five (5) years?  Yes  No

f. Prior Liquor Liability insurance carried?  Yes  No

Name of Insurance Company

Limit of Liability \$

Deductible Amount \$

**This questionnaire must be signed by the applicant.** If the insured is a corporation, this questionnaire must be signed by an executive officer of the corporation. If the insured is a partnership, it must be signed by a partner. If the insured is an individual, it must be signed by that individual.

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **FRAUD WARNING**

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### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

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

### **Applicable in CO**

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 FL and OK**

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)\*. \*Applies in FL Only.

### **Applicable in KS**

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, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, NY, OH and PA**

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in PR**

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.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**