## APPLICATION FOR LIQUOR LIABILITY AND GENERAL LIABILITY INSURANCE

**Centrex Liquor/General Liability Program** 

1. Type of Application: New Renewal **Expiring Liquor Policy: Expiring General Liability Policy:** Need quote for: Liquor Liability only General Liability & Liquor Liability 2. Need quote by: **Desired Policy Period** Beginning: To: \$50K 3. Liquor Limit Requested: \$100K \$200K \$300K \$500K \$1M \$1M/\$2M Named of Applicant (show all legal names): 4. Mailing Address: Mailing Address 2: Mailing City: Mailing State: Mailing Zip code: Telephone number: 5. Name of Location to be Insured: Location Street Address: Location Address 2: Location City: Location State: Location Zip code: Telephone number: Website: Number of locations: NOTE: Only one location per application. For multiple retail stores, use the Centrex Retail Store Application with the Multi Location Supplement. 6. Is this a new purchase or new venture? Yes Nο Years of experience in this industry: Years of experience at this location under current ownership: 7. If coverage is bound, it will cover only the designated insured location(s) which will be subject to inspection and audit. Contact person for inspection: Telephone number: Email address: 8. Form of business: Individual Joint Venture Partnership Corporation **Limited Liability Company** Other: Does Applicant have a License to sell alcoholic beverages? No Yes 10. Type of Customers (most applicable): Families **College Students Business/Professional** Military **Tourists** Blue Collar Regular patrons Motorcycle riders Other: Average age of customers: Under 21 26-30 36-45 Over 45 31-35 Are customers under 21 ever permitted on the premises? Yes No After 11pm? Yes No Percentage of customers who arrive/depart by car/truck? Do college students frequent the establishment? No If yes, what percentage of clientele? % 11. Description of Operations (check <u>ALL</u> operations that are applicable): Bar/Tavern (may serve food) Nightclub / Cabaret Adult Entertainment Package Store (retail) Convenience / Grocery Store Billiard / Pool Hall Comedy Club Dance Hall / Ballroom **Bowling Alley** Brewery Winery Distillery Beverage Distributors (wholesale) College Bar College Nightclub Hotel/Motel Catering/Banquets/Hall Rental – Total Sq Footage (required): (Attach Hall Rental/Caterers Supplement) Private Club: specify type (American Legion, VFW, Country Club, etc.): If private club, provide total Sq Footage (required): Restaurant Other; describe:

If yes, complete Special Events Application (GL coverage not available for Special Events).

Does Applicant have any Catering / Banquet Hall / Hall Rental Operations? Yes No

If yes, complete Hall Rental / Caterers Supplement.

Yes

No

12. Does Applicant dispense or provide alcoholic beverages for off-premises events?

1	Yes No – Gam Yes No – Mecl	ny of the following? Tables If yes, number of Po- bling Machines nanical Riding Machines ts Facilities on premises (i.e.,		. softball. basketball.	swimming pool, etc
	If there are sports facilities			, ,	
1	DJ Band (four or more m Karaoke Solo/duet/trio musici Stage / floor show or Other If karaoke is present, does If the Applicant has bands Type of music: Top 40	s / adult entertainment Tim Tim Tim Tim Tim Tim Tim Tim an(s) or vocalist(s) Tim contests Tim Tim the Applicant have private ka or DJs as part of the entertain	nment, are pyrotechnics k & Roll Soft Rock	ribe: ribe: and parties? Yes	No No
1	15. Is dancing allowed? Y	es No If yes, # days per	week: Size of danc	e floor:	sq feet
1	16. Lowest 12-oz beer price of Lowest liquor/wine price of Do you offer individual ser Do you offer individual ser If you offer any of the follow Happy hour Ladie If you have drink promotion Only between Mondar If you have drink promotion If you have drink promotion Select the appropriate discontinuous Conferion of you offer bottle service/select the complimentary of the service of the complimentary of the service of the s	fered, including happy hours iffered, including happy hours vings of beer larger than 24 o vings of liquor larger than 3 o wing, check the appropriate es night Bottle service/se ins, when do they occur (man by and Thursday Friday, S ins, how long do they last: ins, at what time do the speci- count for happy hours or ladie setups, provide the days, time of drinks, provide the days, time of drinks, provide the days, time	/ promotions: \$0.00 s / promotions: \$0.00 s / promotions: \$0.00 punces? Yes punces? Yes pox: Beer Wines tups Drinking game k all that are appropriate aturday, and/or Sunday 1 - 2 hours 3 hour als end? by 8pm pes' nights: 2 for 1 pes, price, and operations pes, and operations:	-\$1.99 \$2-\$2.99 -\$1.99 \$2-\$2.99 No No Liquor Self- s Complimentary e): Every day s 4 hours 5+ 9pm 10pm or lands	\$3-\$4.99 \$5 \$3-\$4.99 \$5 service of alcohol drinks
1	17. Is there a college or univer If yes, provide name:	sity within a 3-mile radius of	the Applicant's premises	s? Yes No	
1	18. Provide hours of operation Sunday Op Monday Op Tuesday Op	pen: Close: pen: Close: pen: Close: pen: Close: pen: Close:	low: Thursday Oper Friday Oper Saturday Oper	n: Close: n: Close:	to
_	If applicable, are security purely for the security purely securification. If yes, are certification and the security purely securification and security purely securification.	s: Security personnel: nd checks performed on secu personnel contracted from a t tes of insurance obtained and	rity personnel before hi hird party? I the Applicant named a se suspended or revoke	Yes I s an additional insure d or been fined/cited	No No d? Yes No
2	If yes, # of times: Ex  21. Does the Applicant require	plain:	employees to be certifie	d by a formal alcohol	

2	22. Number o Reason(s)	•	-	gency calls wit	hin the last ye	ear:				
2	23. Operation	ns:								
	Yes								le of alcohol to intoxi	
	Yes	No I	Does the	e Applicant ha	ve procedure:	s in pla	ce to regu	late the sal	le of alcohol to minor	·s?
I	f yes, describ	e proce	edures:							
	Yes	No [	Does the	Applicant ha	ve ride-home	proced	dures for ir	ntoxicated	patrons?	
I	f yes, describ	e proce	edures:							
	Yes	No A	Are the <i>i</i>	Applicant's en	nployees requ	ired to	check ide	ntification	of customers who ma	ay be under age 40?
	Yes									
ľ	f the Applicar	nt uses	ID scanr	ners, for how	long does the	Applic	ant mainta	in records	of ID's that have bee	n scanned?
	Yes						•	_	video retained?	
	Yes	No (	Can wat	ercraft of any	kind dock, lar	nd, or o	therwise a	attach to o	r adjacent to the App	licant's premises?
	Yes			• •					ink at last call?	
	Yes			• •	•				e premises while on the	he job?
	Yes			e Applicant ha		-				
	Yes			e Applicant all				our own b	ottle)?	
	Yes			e Applicant pa	•					
	Yes								erve alcoholic bevera	ges?
	Yes			e Applicant ho		ghts" o	r similar ev	vents/pron	notions?	
I	f yes, describ	e speci	als and <sub>l</sub>	provide frequ	ency:					
	24. Provide A	pplican	ıt's annı	ıal sales for fo	od and all alco	oholic l	beverages	(liquor, be	er, and wine) below:	
Ī			1	ol Sales for	Alcohol Sale			<u> </u>	, ,	
		On-Premises Off-Premises Food Sales Other Sales* Total Sales							Total Sales	
			Con	sumption	Consumpt	ion				
Ī	Next 12 mor	nths		-						
	Past 12 mon	ths								
	*Describe ot	her sal	es:							
_[	If there are o	on-prer	nises an	d take-out alc	ohol sales, do	es the	Applicant	maintain s	eparate sales records	? Yes No
2		licant c	arry Gei	neral Liability		Yes	No If	yes, effecti		to
_	Insurer:					nits:			sault & Battery Exclud	ded? Yes No
2				carry Liquor			Yes	•	ation date:	
		age Po	licy	Monoline Pol			ery Exclud	ed: Ye	s No Limits:	
	Insurer:					nium:				
	•		-		•	irer car	ncelled or i	non-renew	ed Liquor Liability co	verage in the past 3
_	years?	Yes		f yes, explain:						
2		-				-			r licensee had any Lic	
			•		nat resulted c	or could	result in a	a claim, wh	ether insured or not	?
	Yes	No	•	s, how many?						
-				l		1		eet with fu	irther claims informa	tion.
	Date of		te of	Amount	Amount		tatus		Description of Incide	ent/Claim
4	Incident	Cl	aim	Paid	Reserved	(Ope	n/Closed)			,

28. Additiona	Insureds. If n	one, leave bla	ınk. Addition	al insureds will be	applied to liquor	r and GL quotes t	ınless spec	cified.
Type		Name		Addr	ess	City	State	Zip
Lessor/Property								
Manager								
Franchisor								
Mortgagee								
Other (specify)								
Vendor								
For Vendors only,	l provide produ	ct type:						
<b>General Liability</b> GL Limit requested		e completed ( 00/\$600,000	only if GL cove \$500,000/	•	l) 1,000,000/\$2,00	0,000		
1. Do you ov				any part of your		•	es No	
•	yes, what is th		•					
	apartments, h	•						
c. If	Retail/Other, \	what is the squ	uare footage (	occupied by the to	enants? so	q ft		
	<ol><li>Are exits clearly marked and unobstructed? Yes No</li><li>Are there at least two exits for every floor of the building? Yes No</li></ol>							
3. Is cooking performed? Yes No If yes, is there an operational Ansul system? Yes No								
4. Is there a	4. Is there a service agreement in place for cleaning the surfaces and ducts of the extinguishing system? Yes No							
5. Are there Policy will	•	•		es? Yes Nerage for firearms	-			
6. Is the App	licant respons	ible for mainte	enance of the	sidewalk, parking	g area, or snow a	nd ice removal?	Yes	No
7. Is parking performed by a valet contracted service? Yes No If yes, are certificates of insurance obtained and is the applicant named as an Additional Insured? Yes No If no, does Applicant have a parking lot for its customers? Yes No If there is a parking lot, does the Applicant maintain sufficient lighting? Yes No								
8. In the pas	t 3 years, has t	he Applicant l	nad any Gene	ral Liability or Ass	ault & Battery cla	aims or incidents	that resul	ted or
	ılts in a claim,			•	es, how many?			
				ns, attach worksh	eet with informa	tion regarding ac	lditional cl	aims.
Date of	Date of	Amount	Amount	Status	Descr	iption of Inciden	t/Claim	
A Incident	Claim	Paid	Reserved	(Open/Closed)				
В								
С								
D								
Е								
_								
	icant package	and sell food	under their o	wn label? Yes	No			
			under their o		No			
9. Does Appl	ds kept on food	d suppliers?	Yes No			No		
9. Does Appl 10. Are record 11. Does Appl 12. Does Appl	ds kept on food icant provide v icant lease em	d suppliers? Worker's Com iployees?	Yes No pensation cov Yes No		vees? Yes	No No		
9. Does Appl 10. Are record 11. Does Appl 12. Does Appl If yes, doe	ds kept on food icant provide v icant lease em s the leased e	d suppliers? Worker's Com aployees? mployer provi	Yes No pensation cov Yes No de Worker's O	o verage for employ	vees? Yes verage? Yes	No	No	

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I acknowledge that the information contained herein will be the basis upon which the Insurer may issue a Liquor Liability policy. I acknowledge that if the Insurer issues a Liquor Liability policy and if any information contained herein is misleading or false, the Insurer may have the right to rescind the policy. I authorize the Insurer and its representative, Centrex Underwriters, Inc., to obtain the following information from the state and/or other liquor authority licensing or regulating this establishment: all violations, consumer complaints and disciplinary actions on record with the state and/or other authority licensing or regulating this establishment in the past five years.

Signature of Applicant:		Date:				
Printed Name of Applicant:		Title of Applicant:				
Retail Agency:		Printed Name of Retail Agent:				
Telephone number:		Email address:				
Wholesale Brokerage Firm:		Printed Name of Wholesale Broker:				
City:	State:	Email address:				