

LIQUOR LAW LIABILITY INSURANCE APPLICATION

Applicant's Instructions:

- 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 60 days before the proposed effective date of coverage.

Please read the statements at the end of this application carefully.

1. APPLICANT INFORMATION

Applicant Name _____

Mailing Address _____

Location Address: _____

Website: _____ Contact Name: _____ Phone #: _____

A. Applicant is: __ Individual __ Corporation __ Partnership __ LLC __ Other _____

Years in business: _____ Years at this location: _____ Describe owner/manager's hours and

Responsibilities: _____ How many years' experience? _____

B. Length of time applicant has had liquor license _____ ABC license number: _____

Type of liquor license: __ Wholesale __ Retail Code Number _____

Type of liquor sold: __ Beer __ Wine __ Liquor Hours of Serving?: _____

Seating capacity: Dining Room _____; Bar Area _____

C. How many days per week is this location open?: _____ Square foot area of establishment: _____

What time does location close?: _____ What is the Maximum Occupancy: _____

Number of bartenders: _____ Bouncers _____ Is there any armed security? _____

C. Limits of insurance applied for: \$ _____ Each Common Cause/General Aggregate

Proposed effective and expiration date _____ Target Premium: \$ _____

Gross Sales Information:

Table with 4 columns: Category, Projected Year, Current Year, Prior Year. Rows include Liquor Sales, Food Sales, Other, and Total.

Prior liquor liability insurance carrier _____ Premium _____

Name of Commercial General Liability carrier _____

G.L. Limits of liability: _____ Assault & Battery Included: __ or Excluded: __. If included,

What are the Assault & Battery limits? _____

II. TYPE OF ESTABLISHMENT

A. Type of establishment:

- Bar / Tavern Drive-through Daiquiri Shop Package Store
 Casino Gentlemen's / Strip Clubs Restaurant
 Catering Service Liquor Mfg./Microbrewery Wholesaler/Distributor
 Comedy Club Night Clubs Convenience/Grocery Store
 Other (Describe): _____ Is there a separate bar area: Yes No

B. Type of clientele: Area Residents Area Workers Tourists College Other: _____

Area surrounding premises:

- Downtown District Shopping Center Industrial Resort
 Suburban Commercial Residential Seasonal Rural

III. RISK CHARACTERISTICS

A. Do you provide entertainment?: Yes No is there a cover charge?: Yes No

If yes, please check the applicable types of entertainment and answer the following questions:

DJ Juke Box Live Entertainment Type and how often?: _____

Type of music played (by DJ, Juke Box or Live Entertainment):

- Rap/R&B Country/Western/Bluegrass Classic Rock Heavy Metal Top 40s/pop
 Other (if so, please explain): _____

B. Is premises within city limits?: Yes No Located within 5 miles of a college campus?: Yes No

C. Check box if location has or plans to have any of the following:

Mechanical bulls, surfboards or other mechanical devices if so, what type: _____

- Dance Floor Size: _____ Trampolines _____ Dunk Tanks _____
 Pool Table(s) Number: _____ Inflatables _____ Climbing Walls: _____
 Electronic Games Type: _____ Foam Parties _____
 Gambling _____ Dart Board _____ Pinball _____

D. Are there any activities conducted that would involve patron participation and/or contact with Patrons?:

Yes No If yes, please describe: _____

E. Does the applicant ever permit or sponsor alcohol consumption games (e.g. flip cup, beer pong, etc.), or permit the use of alcohol consumption enticing equipment (e.g., funnels, shot chair, etc.)?

F. Do you have "Happy Hour" 2-for-1 drink specials or any other drink promotions Yes No

G. Is last call announced?: Yes No If so, when?: _____

Are patrons allowed to bring their own alcohol?: Yes No

IV. SECURITY/ALCOHOL AWARENESS

- A. Security Activities: Do you ever hire, contract or arrange for any of the following:
 Bouncers Doorman Off-duty Police Contracted Security: Are they armed **OR** unarmed
- B. Any firearms kept or carried on the premises?: Yes No
- C. Are all patron IDs checked? Yes No Describe ID verification procedures: _____
- D. Describe your procedures and requirements for alcohol awareness training for servers:
 Type of training: _____
 1. Are all servers required to complete the training?: Yes No How often?: _____
 2. What procedures are in place to prevent the sale of alcohol to minors? _____.
- E. Number of police calls in the last year? _____
- F. Are identified intoxicated patrons offered: Coffee/food? Yes No Taxi cab home? Yes No

V. VIOLATIONS/CLAIMS EXPERIENCE

- A. Has applicant, any officer or partner been declared bankrupt within the last 5 years? __Yes __ No
 If yes, please explain in "Remarks" _____
- B. Have any protests, denials, complaints or accusations been made against you as described in
 "THE ALCOHOLIC BEVERAGE CONTRACT ACT"? __Yes __No if yes, explain in "Remarks"
- C. Has liquor license ever been suspended or revoked? __ Yes __ No
 If yes, please explain _____
- D. Have you ever been assessed a fine for violation of a law concerning the sale of Alcohol, or had your liquor
 License suspended?: Yes No If yes, when and why?: _____

Describe any liquor liability losses claimed or sustained within the past 5 years (include loss amount)

VI. REMARKS _____

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AND APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, **WHICH IS A CRIME.**

APPLICANTS WARRANTY STATEMENT: I HAVE READ THIS APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO GOLDEN BEAR INSURANCE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I AGREE THAT THIS APPLICATION WILL BE MADE A PART OF THE POLICY, SHOULD GOLDEN BEAR INSURANCE COMPANY EVIDENCE ITS ACCEPTANCE OF THIS APPLICATION BY ISSUANCE OF A POLICY.

X _____
Applicant Signature Date

X _____
Applicant's Agent's Signature Date

Agent Name and Address: _____