



## 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.

Proposed Named Insured: \_\_\_\_\_

Limits Desired: Each Common Cause: \$ \_\_\_\_\_ ; Aggregate: \$ \_\_\_\_\_

- 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"/> Other : _____ |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Fraternal Club           | _____                                  |
| <input type="checkbox"/> Concessionaire    | <input type="checkbox"/> Private Club             | _____                                  |

### REVENUES

Total Gross Annual Receipts:	Prior 12 Months	Current 12 Months
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.)

Years current owner has been in business at this location: \_\_\_\_\_

If less than 3 years please describe prior experience: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Square foot area the business occupies: \_\_\_\_\_

Average age of patrons: \_\_\_\_\_ Are all ID's checked: \_\_\_\_\_

Please describe any special offers, promotions or discounts on alcoholic beverages: \_\_\_\_\_

Please describe any sponsored events ON or OFF the Applicant's premises (Type, number, alcohol sales, contests, etc.): \_\_\_\_\_

Has the applicant received any fines or citations in the prior 5 years?  Yes  No

Please describe: \_\_\_\_\_

**STAFFING**

Number of Employees: \_\_\_\_\_

Please describe hiring practices: \_\_\_\_\_

\_\_\_\_\_

Please describe training practices: \_\_\_\_\_

\_\_\_\_\_

Any security (Guards, bouncers, door-persons, videotaping, etc.)?  Yes  No

Please describe: \_\_\_\_\_

\_\_\_\_\_

**ENTERTAINMENT**

Music?  Yes  No

Type: \_\_\_\_\_

Dance floor?  Yes  No

Area of Dance floor: \_\_\_\_\_

Live music?  Yes  No

Num. of performers: \_\_\_\_\_

Coverage charge:  Yes  No

Please describe ANY other type of entertainment (Amusement devices, shows, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOSS HISTORY**

Please describe ANY losses in the prior 5 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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.)

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Applicant Signature Title Date

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Producer Signature Date

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Producer Name and Address