



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

LIQUOR LIABILITY APPLICATION

(To be submitted together with completed ACORD General Liability Application.) PLEASE ANSWER ALL QUESTIONS.

APPLICANT INFORMATION

Applicant's Name: _____

Mailing Address: _____

Location # _____ (Complete a separate application for each location)

Website Address: _____

Proposed Effective Date: _____

Limits Of Liability Requested:

\$ _____ Each Common Cause

\$ _____ Aggregate

OPERATIONS

1. Type of risk:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Drive-through Daiquiri Shop | <input type="checkbox"/> Night Clubs |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Fraternal Clubs | <input type="checkbox"/> Package Store |
| <input type="checkbox"/> Catering Service | <input type="checkbox"/> Gentlemen's/Strip Clubs (Prohibited) | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Comedy Clubs | <input type="checkbox"/> Gun Clubs Or Lodges | <input type="checkbox"/> Wholesale/Distributor |
| <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> Liquor Manufacturer/Microbrewery | <input type="checkbox"/> Other (describe): |

2. Type of ownership: Corporation Individual Partnership Other:

3. 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?

4. Name on liquor license: _____ Type of liquor license: _____

5. Square foot area of establishment: _____ Maximum Occupancy: _____

6. Premises within city limits? Yes No

7. Have all servers and sellers (off premises sales) of alcohol been through any alcohol training? Yes No

A. If yes: Type of course (i.e. TIPS, TOPS): _____

How often required? _____

B. If no: Do your serving procedures to avoid serving minors or the intoxicated include:

- Checking the ID of all patrons appearing under **30 years** of age? Yes No
- Recognizing signs of impairment (i.e. red eyes, slurred speech, difficulty walking)? Yes No
- Slowing down the pace of serving to prevent intoxication? Yes No
- Terminating service to intoxicated patrons? Yes No
- Ride home policy? Yes No

Describe other procedures to prevent serving minors or the intoxicated, if any:

8. Number of servers:
9. Do servers work on a commission or tips only basis? Yes No
10. Is the owner/manager actively involved in the day to day operations? Yes No
11. How often does the manager review liquor liability laws with employees (including penalties for serving minors or intoxicated customers)?
12. Type of clientele? Area residents Area workers Tourists College Students
 Other (describe):
13. Percent of clientele: Under 25 years old % 25-30 years old % Over 30 years old %
Any "under 21" nights at bars/clubs? Yes No
14. Type of area: Industrial or commercial Residential Rural Other (describe):
Located on or near college campus? Yes No
15. How many years has applicant been in business?
16. How many years has applicant been at this location?
17. How many days per week is location open?
18. What time does location close? Hours of serving?
19. Is there a cover charge? Yes No
If yes, what is the amount? \$
20. Do you have "Happy Hour" or 2-for-1 drink specials? Yes No
If yes: How many hours does "Happy Hour" last?
Is last call announced? Yes No
Are customers allowed more than one drink at last call? Yes No
21. Are patrons allowed to BYOB (Bring Your Own Booze)? Yes No
If yes: Is a corkage fee charged? Yes No
Estimated annual receipts from corkage: \$
22. Security used: Bouncers Doorman Off-duty police Contracted security firm
 Inside Outside Armed Unarmed
A. Any firearms kept or carried on the premises? Yes No
B. Do any personnel receive security training? Yes No
If yes, describe security training program and indicate personnel receiving security training:
23. Types of entertainment:
 Live entertainment Type and how often?
 DJ Juke Box Size of dance floor? Pool Tables Number:
 Electronic Games Mechanical Devices Type:
 Special promotions Describe:
 Other activities that include patron participation (i.e. wrestling, boxing, volleyball, etc.)
Describe:
24. Estimated annual: Liquor receipts: \$ Food receipts: \$
Other receipts: \$ Describe:
25. Percent of receipts: For on-premises consumption: % For off-premises consumption: %

26. Is the Applicant a Manufacturer? Yes No
 If yes, Are tours of facility given? Yes No
 Are free samples given? Yes No
 If yes, how is quantity controlled?
27. Is the Applicant a Distributor? Yes No
 If yes, Any sponsored events? Yes No
 If yes, describe?
 Is there a policy for giving away alcoholic beverages by Sponsor? Yes No
 If yes, describe?
28. Is the Applicant a Caterer: Yes No
 If yes, Are clients/guests allowed to mix their own drinks? Yes No
 Does caterer provide liquor or bartending service? Yes No
 Number of events per year? Average number of guests per event?

PRIOR INSURANCE

29. Prior Carrier: Prior annual premium: \$
30. Has Applicant had any claims or occurrences that may give rise to a claim? Yes No
 If yes, give details?

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

FRAUD WARNINGS:

Notice to Arkansas and West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado Applicants: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice to Kentucky Applicants: 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.

Notice to Maine Applicants: 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, or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Oregon Applicants: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Notice to Pennsylvania Applicants: 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.

Notice to Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to Applicants of all other states: 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 the person to criminal and civil penalties.

I UNDERSTAND THAT LIQUOR LIABILITY IS A SEPARATE COVERAGE PART AND THE LIMITS REQUESTED IN THIS APPLICATION APPLY SOLELY TO LIQUOR LIABILITY COVERAGE AND MAY DIFFER FROM THE GENERAL LIABILITY LIMITS AFFORDED IN MY COMMERCIAL PACKAGE POLICY. I FURTHER UNDERSTAND THAT THE COMPANY IS RELYING UPON STATEMENTS I HAVE MADE IN THIS APPLICATION AS AN INDUCEMENT TO PROVIDE INSURANCE FOR LIQUOR LIABILITY COVERAGE.

Applicant's Signature: _____ Print Name: _____

Title: _____ Date: _____

Producing Agent's Signature: _____ Date: _____