



Liquor Liability



LIQUOR LIABILITY WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.

P.O. Box 768 Hendersonville, TN 37077
800-768-7475 Fax (615) 264-3980
www.bsrrins.com

NEW RENEWAL If a renewal, provide the expiring policy number: _____
Expiring policy term: _____ Expiring premium: _____
Expiring carrier: _____ Expiring limit: _____

1. Name of Applicant (List only one name per location, including legal & dba name. Applicant should be the one responsible for the sale/service of alcohol): _____

2. Mailing address: _____

3. Phone number: _____

4. Email address: _____

5. Inspection contact name: _____ Phone number: _____

6. Audit contact name: _____ Phone number: _____

7. Do you have a website? Yes* No

*If yes, provide the website address: _____

8. The applicant is: Individual Partnership Corporation Other (describe): _____

9. Is this a **Non Profit** Private, Fraternal or Social Club? Yes* No

*If yes, please answer the following:

a. Are same-day memberships available? Yes No

b. Is this risk located in a dry county or township? Yes No

c. Are members permitted to bring more than 2 guests per day (excluding banquet activities and immediate family members)? Yes No

d. Is self service of alcohol permitted by members? Yes No

10. Number of locations to be insured (complete 1 application per location): _____

11. Location address: _____

12. How long has current owner been operating at this location? _____

a. Has applicant ever operated this location under a different name or DBA (other than above)? Yes* No

*If yes, provide name or DBA used: _____

13. Does applicant ever **sell or serve alcohol away from the premises?** Yes* No

*If off-premises coverage is desired, attach a completed Off-Premises Supplemental Liquor Liability Application, form LLA-OPS, to this submission.

14. What is the **latest hour the establishment will ever stay open?** _____ AM PM 24 hours

a. What time does the **sale or service of alcohol cease?** _____ AM PM 24 hours

b. If open past 2:00 AM, is a **special license required** to stay open late? Yes No

c. For **Minnesota risks only**: Does applicant have a special license to stay open past 1:00 AM? Yes No

15. Type of business (check all that apply):

Bar/Tavern Private/Fraternal Club Exotic Dancing/Strip Club Off-Premises Caterer

Nightclub Country Club Casino Hostess Bar

Restaurant Bowling Alley Catering/Banquet Hall Pool/Billiard Hall

Concessionaire (describe venue): _____

Convenience/Retail Store (if operations are 100% retail with no on-premises consumption of alcohol, questions 25-33 are not applicable)

Other (describe): _____

16. a.	Gross Annual Receipts		Past 12 Months		Next 12 Months
	FOOD	\$	_____	\$	_____
	ALCOHOL	\$	_____	\$	_____
	OTHER (describe):	\$	_____	\$	_____

b. If applicant has more than one operation or sells alcoholic beverages for on & off premises consumption at same location, provide breakdown of receipts by operation:

	Bar/Lounge		Restaurant		Banquet		Retail Sales		Other	
FOOD	\$	_____	\$	_____	\$	_____	\$	_____	\$	_____
ALCOHOL	\$	_____	\$	_____	\$	_____	\$	_____	\$	_____
OTHER (describe)	\$	_____	\$	_____	\$	_____	\$	_____	\$	_____

17. Does applicant have a valid **liquor license**? Yes No

a. Name on the license: _____ License #: _____

b. License type (Class D licenses prohibited in Utah): _____

18. For **Minnesota risks only**:

If a **Private, Fraternal, or Social Club**, does liquor license restrict service to members only? Yes No

19. Has the applicant or any principal with a controlling interest filed **bankruptcy** in the last 12 months? Yes No

20. Are **employees or other persons permitted to consume alcohol** during their hours of employment or service? Yes No

21. Does the establishment attract a **youthful or college crowd** ranging from 21-25 years of age? Yes No

22. Are all alcohol-servers certified in a **Formal Alcohol Training Course** not mandated by the state? Yes* No

*If yes, provide name of the course: _____

To be considered for a credit on your quote, please attach copies of the certificates to this application.

23. **Violations:**

a. Does the applicant have knowledge of any **fines or citations** for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? Yes* No

b. *If yes, provide the following information on each fine or citation:

i. Date(s): _____

ii. Description(s): _____

iii. Fines and/or penalties assessed: _____

iv. Measures in place to prevent future violations: _____

24. **Claims:**

a. Has the applicant had any reported **liquor liability and/or assault and battery claims** or notification of potential liquor liability and/or assault and battery claims within the past five years? Yes* No

b. *If yes, provide the following information on each claim:

i. Date(s): _____

ii. Description(s): _____

iii. Total incurred losses (reserves and payments): _____

iv. Status: _____

v. Measures in place to prevent future incidents: _____

25. Does or will applicant ever offer (include special events such as New Year's Eve parties, etc.):

a. Any drink specials/happy hours Yes* No

b. Drink specials/happy hours lasting longer than 3 hours in duration Yes* No

c. Drink specials/happy hours after 9:00 PM Yes* No

d. Single drink servings larger than 24 ounces Yes* No

e. Complimentary drinks Yes* No

f. "All you can drink" specials or other offers involving unlimited alcoholic beverages Yes* No

*If yes, describe type of drink(s), size (oz), cost and time(s) offered: _____

g. Beer price (lowest price offered, including happy hours or specials): _____

h. Liquor or wine price (lowest price offered, including happy hours or specials): _____

26. Does applicant permit **"BYOB"** (bring your own bottle), bottle service or setups? Yes* No

*If yes, explain: _____

27. a. Are patrons under the legal drinking age permitted on the premises? Yes No*

b. Are patrons **under the legal drinking age** permitted on the premises after 11:00 PM? Yes No*
*If no, how is this enforced? _____

28. Are **bouncers, security or doorpersons** ever employed? Yes No

29. Are **guns** permitted or kept on premises? Yes No

30. Does applicant feature any entertainment? Yes* No

*If yes: **Major Entertainment** (check all that apply):

- Adult Entertainment/Exotic Dancing Jazz music with dancing Karaoke with dancing DJ
 Band Country/Line Dancing
 Other (describe): _____ Shows or Contests (describe): _____

Number of: _____ times per week **or** _____ times per year

Incidental Entertainment (check all that apply):

- Karaoke Solo vocalist Jukebox Mariachi band Jazz musicians
 Comedy Shows Other (describe) _____

Number of: _____ times per week **or** _____ times per year

Is dancing permitted?

Yes No

31. Is this a **seasonal** operation? Yes* No

*If yes, what is the season? _____ to _____

32. Are facilities available for **banquets, receptions or private affairs**? Yes No

a. Number of: _____ times per week **or** _____ times per year

b. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? Yes No*

*If no, are persons serving alcohol who are not applicant's authorized employees or members required to carry liquor liability insurance with limits greater than or equal to limits covered under applicant's liquor policy? Yes No

33. Is **entertainment featured at banquets**? Yes No

a. Number of: _____ times per week **or** _____ times per year

34. Is the applicant's premises located in a jurisdiction which permits **civil cases** to be heard in a tribal court? Yes No

35. Within the past 5 years, has applicant's liquor coverage been **cancelled or nonrenewed**? Yes* No

*If yes, explain: _____

36. Limits desired: Each Common Cause Limit: _____ Aggregate Limit: _____

37. Is applicant requesting liquor liability limits greater than general liability limits carried? Yes* No

***If yes, please note that General Liability limits must be maintained at limits equal to or greater than Liquor Liability limits.**

38. Is an **additional insured** needed? Yes* No

*For each additional insured desired, provide the following information:

a. Name: _____

b. Address: _____

c. Insurable interest: _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief that particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the information supplied by the applicant prior to issuing a quote. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind

the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.”

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: 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.

Maine Fraud Statement: 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 a denial of insurance benefits.

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

New York Fraud Statement: 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

Applicant's Signature: _____ Title: _____ Date: _____
Owner, Officer or Partner (Required) (Required)

Broker's Signature: _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail complete application through local Agent or Broker to: _____