



LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

SECTION A: Applicant Information

1. Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____

SECTION B: Business and Operations Information

1. Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
2. Insured's business type (select all that apply):
☐ Bar or Tavern ☐ Billard/Pool Hall ☐ Bowling Alley ☐ Catering/Banquet Hall
☐ Comedy Club ☐ Hotel/Motel ☐ Country Club ☐ Dance Hall
☐ Gentlemen's Club ☐ Night Club/Cabaret ☐ Restaurant ☐ Microbrewery/Brew Pub
☐ Sports Bar ☐ Other: _____
3. State the number of years of experience the Insured has in owning or managing this type of operation: _____
4. State the number of years establishment has been in business under current ownership: _____
5. State the number of years Insured has been at this location: _____
6. Within the past 5 years, has the Insured's liquor liability coverage been cancelled or non-renewed? ☐ Yes ☐ No
7. Within the past 5 years, has the Insured's liquor license ever been suspended or revoked? ☐ Yes ☐ No
8. Within the past 5 years, has the Insured's ever filed for bankruptcy? ☐ Yes ☐ No
9. If yes to 4, 5, or 6, explain: _____
10. Please list locations to be insured with the street, city, state, and zip below:
Location 1: _____
Location 2: _____
Location 3: _____

11. Please provide estimated receipts for each location in the table below:

Location	Food	Liquor	Catering	Entertainment	Total
1					
2					
3					

12. State the hours of operation for each day of the week: _____

SECTION C: Exposure Information

1. Select the most applicable area surrounding premises below:
☐ Downtown District ☐ Entertainment District ☐ Industrial ☐ Residential
☐ Urban Commercial ☐ Suburban Commercial ☐ Seasonal/Resort ☐ Rural
2. Average age of clientele:
☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ Over 50
3. State the number employed of the following:
Waiting Persons: _____
Liquor Servers: _____
Bartenders: _____

4. State the seating capacity for the following:
- Total Premises: _____
- Dining Areas: _____
- Bar Area: _____
5. State the average cost of the following:
- Mixed Drinks: _____
- Beer: _____
- Wine Glass: _____
- Wine Bottle: _____
6. Is dancing allowed on the premises? ☐ Yes ☐ No
7. Does the Insured feature any entertainment? ☐ Yes ☐ No
- If yes, check all the following types that apply:
- ☐ Disc Jockey # of times per week: _____
- ☐ Karaoke # of times per week: _____
- ☐ Dinner Theater # of times per week: _____
- ☐ Comedy Acts # of times per week: _____
- ☐ Solo Musician/Vocalist # of times per week: _____
- ☐ Adult/Exotic Dancing # of times per week: _____
- ☐ Quiz/Trivia Night # of times per week: _____
8. If the Insured has bands or DJs as part of entertainment, indicate type of music played below (select all that apply):
- ☐ N/A ☐ Top 40 ☐ Disco ☐ Soft Rock
- ☐ Alternative ☐ Rap/Hip Hop ☐ Country ☐ Classic Rock and Roll ☐ R&B/Jazz
9. If the Insured has amusement devices available to clientele, select below all that are available (select all that apply):
- ☐ N/A ☐ Pool Table ☐ Mechanical Bulls
- ☐ Dart Boards ☐ Video Games ☐ Boxing/Wrestling ☐ Rock Climbing
10. Does or will the applicant ever offer or allow any drink specials/happy hours? ☐ Yes ☐ No
11. Does or will the applicant ever offer or allow drink specials/happy hours lasting longer than 3 hours? ☐ Yes ☐ No
12. Does or will the applicant ever offer or allow drink specials/happy hours after 9 p.m.? ☐ Yes ☐ No
13. Does or will the applicant ever offer or allow single-drink servings larger than 24 ounces? ☐ Yes ☐ No
14. Does or will the applicant ever offer or allow complimentary drinks? ☐ Yes ☐ No
15. Does or will the applicant ever offer or allow all-you-can-eat drink specials? ☐ Yes ☐ No
16. Does or will the applicant ever offer or allow drive-through operation for the sale of alcohol? ☐ Yes ☐ No
17. Does or will the applicant ever offer or allow alcohol to be brought in (BYOB)? ☐ Yes ☐ No
18. Are facilities available for banquets, receptions, or private affairs? ☐ Yes ☐ No
- If yes, state the number of times per week: _____ number of times per year: _____
- If yes, are only the Insured 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 required to carry liquor liability insurance with limits equal to or greater than limits covered under Insured's liquor policy and name Insured as an additional insured? ☐ Yes ☐ No
19. Is there a college or university within a 3-mile radius of the Insured's premises? ☐ Yes ☐ No
- If yes, please provide the college or university name: _____

SECTION D: Liquor Liability Information

1. Are all alcohol selling or serving employees currently certified in a Formal Alcohol Training Course? ☐ Yes ☐ No
If yes, list the name of the formal training course: _____
2. Does Insured have written policies for responsible alcohol service and ensure each employee understands these policies? ☐ Yes ☐ No
3. Does Insured have written guidelines for checking IDs? ☐ Yes ☐ No
If yes, are driver's licenses or other means of identification scanned into a document retention system? ☐ Yes ☐ No
4. Does insured use functional and operational surveillance cameras inside the establishment? ☐ Yes ☐ No
5. Does Insured provide third party transportation (cabs, etc.)? ☐ Yes ☐ No
6. Does Insured maintain incident logs documenting when a person was refused service or other alcohol related events/incidents? ☐ Yes ☐ No
7. Are patrons under the legal drinking age permitted on the premises? ☐ Yes ☐ No
If yes, are patrons under the legal drinking age permitted on the premises past 10 p.m.? ☐ Yes ☐ No
If no to 7, how is this enforced? _____

SECTION E: Life Safety and Security Information

1. If bouncers, security, or doorpersons are ever employed, select below all that apply:
☐ N/A ☐ Bouncers ☐ Doormen ☐ Off-Duty Police ☐ Contracted Security Guards
☐ Inside ☐ Outside ☐ Armed ☐ Unarmed
2. If contracting security firms, does Insured obtain a certificate of insurance? ☐ Yes ☐ No
State the name of security firm: _____
3. Are firearms or other weapons permitted or kept on premises? ☐ Yes ☐ No
4. Are there procedures for handling violent or disruptive patrons? ☐ Yes ☐ No
If yes, please describe: _____
5. Does Insured currently carry General Liability insurance? ☐ Yes ☐ No
If yes, please state insurance carrier and limits: _____
6. Is Assault & Battery excluded under the General Liability policy? ☐ Yes ☐ No

SECTION F: Claims Information

1. Is insured aware of any fines, violations, or citations for sales or service of alcohol in the past 5 years? ☐ Yes ☐ No
If yes, complete the table below:

Date of violation	Type of violation	Action taken to prevent future violations

2. Has Insured had any reported liquor liability and/or assault or battery claims or notifications of potential liquor liability and/or assault or battery claims at this location within the past 5 years? ☐ Yes ☐ No
If yes, complete the table below:

Date of violation	Type of violation	Action taken to prevent future violations

SECTION H: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____