

Liquor Liability Application

This is a warrantee application for primary or excess liquor liability insurance.

All questions must be answered. If the answer to any question is none, state 'none'. The application must be signed and dated by the owner, partner or officer. Read carefully the statements at the end of this application.

If renewal, please provide expiring Policy Number: _____

Name of Applicant		DBA	Phone									
Mailing Address												
Location												
The Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe): _____												
How long in business at this location?		Name on License	License Number									
Are operations seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is season? _____ to _____											
Type of Business: <input type="checkbox"/> Function Hall <input type="checkbox"/> Concessionaire <input type="checkbox"/> Bar / Tavern <input type="checkbox"/> Private Club <input type="checkbox"/> Restaurant <input type="checkbox"/> Off-Premises Caterer <input type="checkbox"/> Other (describe): _____												
Does applicant engage in any off-premises operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe										
Has Owner, Partner or Officer filed Bankruptcy in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:										
Name of person who keeps books:			Phone									
Estimated Receipts <table border="1" style="width:100%"> <thead> <tr> <th></th> <th>Past 12 Months</th> <th>Next 12 Months</th> </tr> </thead> <tbody> <tr> <td>Total Gross Receipts Food</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Total Gross Receipts Alcoholic Beverages</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>					Past 12 Months	Next 12 Months	Total Gross Receipts Food	\$ _____	\$ _____	Total Gross Receipts Alcoholic Beverages	\$ _____	\$ _____
	Past 12 Months	Next 12 Months										
Total Gross Receipts Food	\$ _____	\$ _____										
Total Gross Receipts Alcoholic Beverages	\$ _____	\$ _____										
Are facilities available for private affairs, banquets or receptions?		If Yes, Number of functions handled annually:										
Describe Types: _____ _____												
Provide a breakdown of food receipts and liquor receipts generated by banquet operations:	Food Receipts	Liquor Receipts										

If applicant engages in sale of alcoholic beverages for on-premises consumption and off premises consumption, provide a breakdown of revenue per exposure:			
On Premises		Off Premises	
Food Receipts	\$ _____	Food Receipts	\$ _____
Liquor Receipts	\$ _____	Liquor Receipts	\$ _____
Are dancing and entertainment featured at banquet operation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does applicant have regularly scheduled entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, number of times a year: _____			
If any entertainment, describe:			
<input type="checkbox"/> Disco <input type="checkbox"/> Solo Vocalist <input type="checkbox"/> Rock & Roll <input type="checkbox"/> Band, # of Members _____ <input type="checkbox"/> DJ CI Juke Box/Karaoke <input type="checkbox"/> Stage / Floor Show, describe: _____			
Does applicant have occasional entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, number of times a week? _____	
		Is dancing permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes, size of dance floor: _____	
Area of total premises:	Is there a Minimum or Cover Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual receipts generated by coverage charge:	Are there bouncers employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are alcohol-serving employees required to complete a formal alcohol training course? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, name of course (e.g. TIPS, TAM, BEST, etc.) _____	
Normal hours of operations:			
Mon – Thur. _____ Fri. _____ Sat. _____ Sun. _____			
Does applicant have major or minor amusement devices (including pool tables, darts, shuffleboard, pinball, video machines, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Please advise number and type: _____			
Does applicant have any mechanical devices or rides such as mechanical bull, robo surfer, virtual reality entertainment devices, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Please advise as to how many and type: _____			
Within the past five years has the applicant been cited by the Liquor Control Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, describe and advise as to date: _____			
Within the past five years has the applicant had any reported Liquor Liability Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, advise as to details, date of loss, reserve, status, etc.: _____			
Within the past five years has the applicant had insurance cancelled, not renewed or been refused coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give full details: _____ _____ _____ _____			
Desired Policy Period: _____ to _____		Limits Desired: Each Common Cause _____ Aggregate _____	

EXCESS LIQUOR LIABILITY ONLY IMPORTANT: ATTACH COPY OF PRIMARY POLICY TO THIS APPLICATION	
Primary Carrier _____	Policy Period _____ to _____
Does underlying policy contain an annual aggregate limitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the aggregate apply per location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are defense costs included within the limit of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is underlying written on a claims made form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of excess Insurance desired:	In Excess of Underlying Limits of:
Each Common Cause _____ Aggregate _____	Each Common Cause _____ Aggregate _____

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.

NOTICE TO THE APPLICANT		
<p>WARRANTIES:</p> <p>I/WE WARRANT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND THAT IT SHALL BE THE BASIS OF THE POLICY OF INSURANCE AND DEEMED INCORPORATED THEREIN, SHOULD THE COMPANY EVIDENCE BE NULL AND VOID IF SUCH INFORMATION IS FALSE, OR MISLEADING, OR WOULD MATERIALLY AFFECT ACCEPTANCE OF RISK BY THE COMPANY. I/WE HEREBY AUTHORIZE RELEASE OF CLAIM INFORMATION FROM ANY INSURERS OR THEIR GENERAL EQUAL TO THE LIQUOR LIABILITY LIMITS DURING THE ENTIRE TERM OF THE LIQUOR POLICY.</p> <p>I/WE AGREE TO SUBMIT RECORDS FOR AUDIT BY THE COMPANY UPON TERMINATION OF EXPIRATION OF THIS POLICY FOR THE DETERMINATION OF ACTUAL GROSS RECEIPTS DURING THE PERIOD OF COVERAGE, IF REQUESTED.</p>		
SIGNATURE OF APPLICANT* _____	TITLE _____	DATE _____
(MUST BE OWNER, PARTNER OR OFFICER)		
*SIGNING THIS APPLICATION DOES NOT BIND APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.		

<p>THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.</p>	
NAME OF AUTHORIZED AGENT OR BROKER _____	
ADDRESS: _____	