



Western Specialty Insurers

LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

1. Name of Applicant _____ Federal Employer I.D. No. _____

2. Address _____
Street

3. Nature of Business _____

4. Length of time in this or similar business _____

5. Direct Control by: Owner/Lessor Manager/Operator

6. Total receipts of your business \$ _____ Total receipts from alcoholic beverages \$ _____
Receipts break-out by type: Beer \$ _____ Wine \$ _____ Liquor \$ _____

7. Do you hold a retail liquor license? Yes No
Other license (describe) _____

8. Is liquor sold for on premises consumption only? Yes No
If no, provide details _____

9. Do you have a "Happy Hour," "two-for-one" or other types of special promotions? Yes No
If yes, describe and indicate frequency. _____

10. General Information

a. Opening and closing hours _____

b. Seating capacity: Dining Room _____ Bar area _____

c. Number of: Bartenders _____ Waiters/Waitresses _____

d. Dry area/county (alcoholic beverages available with private membership only)? Yes No

11. Entertainment provided (check all that apply):

Live entertainment – Type _____ How often _____

Dancing – If permitted, area of dance floor _____

Pool Tables - # _____ Pinball Machine - # _____ Video Games - # _____

Other (describe) _____

12. Do you provide hospitality suites/rooms? Yes No

If yes: Frequency _____ Location _____

Conditions under which they are provided _____

13. Provide details of "Special Events" or contests you sponsor.

Alcohol is: (a) Furnished Only (b) Served Only (c) Both (a) & (b)

A. Details of "Special Events" or contest during the past twelve (12) months.

B. Detail your plans for "Special Events" or contests for the upcoming twelve (12) months.

14. Is there a formal written program to require proof of age from minors and to avoid selling alcohol to intoxicated persons?

Yes No

If yes: Person responsible for its enforcement _____

How is this communicated to this party? _____

15. Do employee hiring practices include background reference checks including a police record check? Yes No

If yes, describe. _____

16. Describe type of alcohol awareness training your employees receive:

a. When hired _____

b. On a scheduled and on-going basis _____

17. Explain all **YES** responses:

a. Are employees permitted to drink alcohol while working? Yes No

b. Are servers required to be licensed by the state or local government? Yes No

c. Has your Liquor Liability Insurance ever been cancelled, declined or nonrenewed?
NOT APPLICABLE IN MISSOURI Yes No

d. Has your Liquor license ever been suspended or revoked? Yes No

e. Have any claims arising out of the serving of alcoholic beverages been paid or reported during the preceding five (5) years? Yes No

f. Prior Liquor Liability insurance carried? Yes No

Name of Insurance Company _____

Limit of Liability \$ _____

Deductible Amount \$ _____

This questionnaire must be signed by the applicant. If the insured is a corporation, this questionnaire must be signed by an executive officer of the corporation. If the insured is a partnership, it must be signed by a partner. If the insured is an individual, it must be signed by that individual.

Name (Typed or Printed)

Title

Signature

Date

FRAUD WARNING

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policy holder 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 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 LOUISIANA 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 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 a 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 a 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 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 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 VIRGINIA 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 WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.