

**Questionnaire is required prior to any quote release.  
Please complete all sections or mark N/A if not applicable.**

**LIQUOR LIABILITY INSURANCE APPLICATION**

1.	Applicant:
2.	a. Mailing Address: _____ b. Telephone Number: _____ c. Premise Location: _____ d. Telephone Number: _____
3.	Effective Date: _____ Name of Licensee: _____ License #: _____ Entity is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other _____
4.	Limits of Liability: ALL except Illinois, Iowa and Utah \$ _____ each Common Cause Limit \$ _____ Aggregate Limit  ILLINOIS ONLY \$ _____ each Person Bodily Injury Limit \$ _____ each Person Property Damage Limit \$ _____ Loss of Means of Support or Loss of Society Limit  IOWA ONLY \$ _____ each Common Cause Limit \$ _____ each Person Bodily Injury Limit \$ _____ each Common Cause Bodily Injury Limit \$ _____ each Person Loss of Means of Support Limit \$ _____ Common Cause Loss of Means of Support Limit  UTAH ONLY \$ _____ each Person Limit \$ _____ each Common Cause Limit \$ _____ Aggregate Limit

5.	Receipts: Alcoholic Beverages \$_____ (Past 12 months) Food \$_____ (Past 12 months)	\$_____ (Estimated next 12 months) \$_____ (Estimated next 12 months)	
6.	Description of Operations: _____		
7.	Underwriting:		
	(a) Losses. Has the applicant, or any owner, partner, officer, member or licensee incurred any claims for Liquor Liability in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, explain: _____ Is the applicant aware of any incidents, which may lead to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details: _____		
	(b) Have there been any fights among patrons in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details: _____		
	(c) Does the applicant provide formal training or guidance for employees with respect to handling of minors or intoxicated customers? <input type="checkbox"/> Yes <input type="checkbox"/> No. {If yes, attach copy of certificate if trained by professional training organization.}		
	(d) Is management notified prior to stopping service to patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____ Is documentation kept on each incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____		
	(e) Is there a Happy Hour? <input type="checkbox"/> Yes <input type="checkbox"/> No Reduced priced drinks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	(f) Licensee. Has the applicant, or any owner, partner, officer, member or licensee ever had a license revoked, refused or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details: _____		
	(g) Previous Carrier: _____ Exp. Date: _____ Premium: \$_____ Policy Number: _____ Limit of Liability: _____ Ever cancelled or non-renewed? (not applicable in Missouri) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain: _____		
	(h) Years in business at this location under current ownership: _____ If under 2 years, give previous experience: _____.		
	(i) Has applicant ever been fined or cited for violations of a law or ordinance relating to sales of alcohol? (After hours, minor, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____		
	(j) Does the applicant offer any off-premises sale of alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____		
8.	Normal Open/Closing hours: Mon-Thurs _____ Fri _____ Sat _____ Sun _____		
9.	Does applicant have entertainment: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type: _____		

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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. (Not applicable in CO, NE, OH, OK, or OR)

**APPLICATION MUST BE SIGNED BY APPLICANT**

Applicant's Name (Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Licensed Agent/Producer's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_