



# United States Liability Insurance Group

## Liquor Liability

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

**THIS IS A WARRANTY APPLICATION FOR PRIMARY OR EXCESS LIQUOR LIABILITY INSURANCE.**

### INSTRUCTIONS:

ALL QUESTIONS MUST BE ANSWERED. IF THE ANSWER TO ANY QUESTIONS 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.

New       Renewal      If renewal, Please provide expiring Policy Number \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_  
DBA \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Location \_\_\_\_\_

4. The applicant is:     Individual       Partnership       Corporation       Other (Describe) \_\_\_\_\_

5. How long in business at this location? \_\_\_\_\_

6. Name on license: \_\_\_\_\_ License Number: \_\_\_\_\_

7. Are operations seasonal?     Yes       No      If Yes, what is season? \_\_\_\_\_ To \_\_\_\_\_

8. Type of Business:     Banquet Hall       Bar/Tavern       Restaurant       Hotel/Motel       Take-Out Store  
 Concessionaire       Wholesale Distributor       Fraternal Club       Private Club       Country Club  
 Off-Premises Caterer       Other, describe: \_\_\_\_\_

9. Does applicant engage in any off-premises operations?     Yes       No      Describe: \_\_\_\_\_

10. Has Owner, Partner or Officer filed Bankruptcy in the last 5 years?     Yes       No      If Yes, explain: \_\_\_\_\_

11. Name of person who keeps books: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

12. **ESTIMATED RECEIPTS**      **PAST 12 MONTHS/NEXT 12 MONTHS**

**Total Gross Receipts Food**      \$ \_\_\_\_\_ / \$ \_\_\_\_\_

**Total Gross Receipts Alcoholic Beverages**      \$ \_\_\_\_\_ / \$ \_\_\_\_\_

13. Are facilities available for private affairs, banquets or receptions?     Yes       No      If Yes, Number of functions handled annually: \_\_\_\_\_ Describe Types: \_\_\_\_\_

14. Provide a breakdown of food receipts and liquor receipts generated by banquet operations:  
Food Receipts \$ \_\_\_\_\_ Liquor Receipts \$ \_\_\_\_\_

15. 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 \$ \_\_\_\_\_

16. Are dancing and entertainment featured at banquet operations?     Yes       No

17. Does applicant have regularly scheduled entertainment?     Yes       No      If Yes, number of times a year: \_\_\_\_\_

18. If any entertainment, describe:     Disco       Rock & Roll       Topless/Go-Go       DJ  
 Juke Box/Karaoke       Solo Vocalist`       Band, Number Of Members \_\_\_\_\_  
 Stage/Floor Show, Describe \_\_\_\_\_

19. Does applicant have occasional entertainment?     Yes       No      If Yes, number of times a year: \_\_\_\_\_

20. Is dancing permitted?     Yes       No      If yes, size of dance floor: \_\_\_\_\_

21. Area of total premises: \_\_\_\_\_

22. Is there a Minimum or Cover Charge?     Yes       No      Annual receipts generated by coverage charge? \_\_\_\_\_

23. Are there bouncers employed?     Yes       No

24. Are alcohol-serving employees required to complete a formal alcohol training course?     Yes       No  
If Yes, name of course (e.g. TIPS, TAM, BEST, etc.): \_\_\_\_\_

25. Normal hours of operation:    Mon-Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

26. Does applicant have major or minor amusement devices (including pool tables, darts, shuffleboard, pinball, video machines, etc.)?  
 Yes      No     If Yes, please advise number and type: \_\_\_\_\_
27. Does applicant have any mechanical devices or rides such as mechanical bull, robo surfer, virtual reality entertainment devices, etc.?  
 Yes      No     If Yes, please advise as to how many and type: \_\_\_\_\_
28. Within the past five years has the applicant been cited by the Liquor Control Commission?      Yes      No  
 If Yes, describe and advise as to date: \_\_\_\_\_
29. Within the past five years has the applicant had any reported Liquor Liability Claims?      Yes      No  
 If Yes, advise as to details, date of loss, reserve, status, etc.: \_\_\_\_\_
30. Within the past five years has the applicant had insurance cancelled, not renewed or been refused coverage?      Yes      No  
 If Yes, give full details: \_\_\_\_\_
31. Previous Liquor Carrier, Policy No., Limits and Premium: \_\_\_\_\_
32. Desired Policy Period: \_\_\_\_\_ to \_\_\_\_\_
33. Limits desired: Each Common Cause \_\_\_\_\_ Aggregate \_\_\_\_\_
34. a. Additional insured name and address (if applicable): \_\_\_\_\_  
 b. Identify additional insured's interest in operations: \_\_\_\_\_

**Excess Liquor Liability Only     Important - Attach Copy Of Primary Policy To This Application**

35. Primary Carrier: \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_
36. Does underlying policy contain an annual aggregate limitation?      Yes      No
37. Does the aggregate apply per location?      Yes      No
38. Are defense costs included within the limit of liability?      Yes      No
39. Is underlying written on a claims made form?      Yes      No
40. Limits of Excess Insurance desired: \_\_\_\_\_ Each Common Cause \_\_\_\_\_ Aggregate  
 In Excess of Underlying Limits of \_\_\_\_\_ 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  
 WARRANTIES:  
 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 ITS ACCEPTANCE OF THIS APPLICATION BY ISSUANCE OF A POLICY. I/WE AGREE THAT SUCH POLICY SHALL BE NULL AND VOID IF SUCH INFORMATION IS FALSE, OR MISLEADING, OR WOULD MATERIALLY AFFECT ACCEPTANCE OF THE RISK BY THE COMPANY.  
 I/WE HEREBY AUTHORIZE RELEASE OF CLAIM INFORMATION FROM ANY INSURERS OR THEIR GENERAL AGENT. I/WE WARRANT THAT PREMISES LIABILITY COVERAGE WILL BE MAINTAINED AT LIMITS AT LEAST EQUAL TO THE LIQUOR LIABILITY LIMITS DURING THE ENTIRE TERM OF THE LIQUOR POLICY.  
 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.  
 SIGNATURE OF APPLICANT\* \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 (MUST BE OWNER, PARTNER OR OFFICER)

\*SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAIL COMPLETED APPLICATION THROUGH LOCAL AGENT OR BROKER TO: