

Commonwealth Underwriters Ltd. P.O. Box 5441 Richmond, VA 23220 Phone: 800-396-6226 Fax: 888-359-6994 www.commund.com

LIQUOR LIABILITY APPLICATION

(To be attached to ACORD General Liability application) PLEASE ANSWER ALL QUESTIONS

Mai Loc	NAME OF APPLICANT: Mailing Address: Location #: Complete a separate application for each location			
We	Neb site Address:			
Age	ent Name: Address:			
	Proposed Effective Date: From: To: 12:01 A.M., Standard Time at the address of the Applicant			
\$ \$	its of Liability Requested: Each Common Cause Aggregate			
1.	Type of risk:Bar/TavernConvenience/Grocery StoreGentlemen's/Strip Clubs (Prohibited)CasinoDrive-through Daiquiri ShopLiquor Manufacturer/MicrobreweryCatering ServicePackage StoreWholesaler/DistributorComedy ClubsRestaurantGun Clubs or Lodges (Prohibited)Night ClubsFraternal Clubs (Prohibited)Other (Describe):			
2.	Type of ownership: Corporation Individual Partnership Other			
3.	Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your liquor license suspended?			
4.	Name on liquor license: Type of liquor license:			
5.	Square foot area of establishment: (Maximum Occupancy):			
6.	Premises within city limits?			
7.	Have all servers been through any server training (tips, tops)?			
	Type of course:			
	How often required?			
	Ride home policy? Yes 🗌 No			
8.	Number of servers:			
9.	Do servers work on a commission or tips only basis?			
10.	Is owner / manager actively involved in the day to day operations?			

11.	How often does manager review liquor liability laws with employees (including penalties for serving intoxicated customers)?
12.	Procedures in place regulating the sale of alcohol to minors or those under the influence?
13.	Type of clientele: 🗌 Area Residents 🗌 Area Workers 🗌 Tourists 🗌 College 🗌 Other:
	Percent of clientele: Under 25 % 25-30 % Over 30 %
15.	Type of area: Industrial or Commercial Residential Rural Other Located on or near college campus? Yes No
16.	How many years has applicant been in business?
17.	How many years has applicant been at this location?
18.	How many days per week is location open?
19.	What time does location close?Hours of serving?
20.	Is there a cover charge? Yes No If yes, what is the amount? \$
21.	Do you have "Happy Hour" or 2-for-1 drink specials?
22.	Are patrons allowed to BYOB (Bring Your Own Booze)?
	If yes, and corkage fee is charged, what are estimated receipts from corkage: \$
23.	Security Activities: Bouncers Doorman Off-Duty Police Contracted Security Firms: Inside Outside Armed Unarmed Any firearms kept or carried on the premises? Yes No Do any personnel receive security training? Yes No If yes, describe security training program and indicate personnel receiving security training: Yes
24.	Types of entertainment activities: Live Entertainment Type and how often? D D D
	 Dance Floor Size: Juke Box Pool Table(s) Number: Electronic Games - Type: Mechanical Devices - Type: Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.): Special Promotions
	If yes, describe:
	Estimated liquor receipts: \$ Other receipts: \$
	Percent of receipts for on-premises consumption: %
	Percent of receipts for off-premises consumption: %
	Estimated food receipts: \$
	Percentage of liquor receipts to total food and liquor receipts: %
	Prior carrier: Prior Premium: \$
	Has applicant had any claims or occurrences that may give rise to claims Yes No If yes, give details:
32.	Manufacturer: Tours of Facility? Yes No Free samples given? Yes No

If yes, how is quantity controlled?

33.	Distributor:
	Any sponsored events? Yes 🗌 No
	If yes, describe:
	Policy for giving away alcoholic beverages by Sponsor?
	If yes, describe:
34.	Caterers:
	Are clients/guests allowed to mix their own drinks? Yes 🗌 No
	Does caterer provide liquor or bartending service?

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Fraud Warning: 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. I UNDERSTAND THAT LIQUOR LIABILITY IS A SEPARATE COVERAGE PART AND THE LIMITS REQUESTED IN THIS APPLICATION APPLY SOLELY TO LIQUOR LIABILITY COVERAGE AND MAY DIFFER FROM THE GENERAL LIABILITY LIMITS AFFORDED IN MY COMMERCIAL PACKAGE POLICY. I FURTHER UNDERSTAND THAT THE COMPANY IS RELYING UPON STATEMENTS I HAVE MADE IN THIS APPLICATION AS AN INDUCEMENT TO PROVIDE INSURANCE FOR LIQUOR LIABILITY COVERAGE.

Signature Information:

Named Insured's Signature:

Producing Agent's Signature:

Date:

Date: