

# APPLICATION FOR LIQUOR LIABILITY INSURANCE

## Centrex Liquor Liability Program

1. Type of Application:  New  Renewal Expiring Policy #: \_\_\_\_\_ Surplus Lines Producer: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Contact: \_\_\_\_\_

2. Desired Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

3. Limits Requested:  \$50,000  \$100,000  \$200,000  \$300,000  \$500,000  \$1,000,000

4. Name of Applicant (show all names including legal and dba's): \_\_\_\_\_  
Applicant's Mailing Address (city, state and zip): \_\_\_\_\_  
Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Applicant's total years of experience in this business: \_\_\_\_\_

5. Name of Location to be Insured: \_\_\_\_\_  
Location Street Address (city, state and zip): \_\_\_\_\_  
# of Locations to be Insured: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Applicant's years in business at this Location: \_\_\_\_\_

NOTE: Only 1 location per application except for certain retail non-consumption classes (attach Multi-Location Supplement). For Special Events, use Centrex Application for Special Events Liquor Liability Insurance

6. If a Liquor Liability policy is issued, it will cover only the designated Insured Location(s) which will be subject to inspection and audit.  
Contact person for inspection/audit: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

7. Form of business:  Individual  Joint Venture  Partnership  Corporation  Limited Liability Company  Other: \_\_\_\_\_

8. Does Applicant have a Liquor License(s)?  Yes  No License #: \_\_\_\_\_  
Type of Liquor License(s): \_\_\_\_\_ License #: \_\_\_\_\_

9. Type of Customers (most applicable):  Families  Students  Business/Professional  Military  Blue Collar  Other: \_\_\_\_\_  
Average age of customers: \_\_\_\_\_ Percentage of customers who arrive/depart by car: \_\_\_\_\_ %

10. Description of Operations (check ALL operations that are applicable):  
 Bar/Tavern (may serve food){A}  Billiard/Pool Hall {D}  Bowling Alley {E}  
 Package Store (retail) {L,K}  Convenience/Grocery Store {F,G}  Night Club/Cabaret/Disco {J}  
 Comedy Club {P}  Dance Hall/Ballroom {H}  Beverage Distributor (wholesale) {C,B}  
 Catering/Banquets/Hall Rental;(Attach Hall Rental/Caterers Supplement) {Q}  
 Hotel/Motel; have mini-bars in rooms?  Yes  No  
 Private Club; specify type (American Legion, VFW, Country Club, etc.): \_\_\_\_\_ {M}  
 Restaurant; specify type (American, Chinese, Italian, Seafood, etc.): \_\_\_\_\_ {N}  
 Other; describe: \_\_\_\_\_ {O}

11. Does Applicant dispense or provide alcoholic beverages for off-premises events?  Yes  No If yes, Applicant MUST complete Special Events Application.  
Does Applicant have any Catering/Banquet/Hall Rental Operations?  Yes  No If yes, Applicant MUST complete Hall Rental/Caterers Supplement.

12. Amusement devices and/or sports facilities?  Yes  No  
**Devices with removable parts (balls, pucks, racquets, etc.) (provide # of all that apply):**  
Pool tables; # \_\_\_\_\_ Foosball; # \_\_\_\_\_ Air Hockey; # \_\_\_\_\_ Bowling Games; # \_\_\_\_\_ Shuffleboards; # \_\_\_\_\_ Dart Boards; # \_\_\_\_\_  
Skee-Ball; # \_\_\_\_\_ Other; # \_\_\_\_\_; describe: \_\_\_\_\_  
**Totally enclosed devices (provide # of all that apply):**  
Video Games; # \_\_\_\_\_ Gambling Machines; # \_\_\_\_\_ Pinball Machines; # \_\_\_\_\_ Televisions; # \_\_\_\_\_ Mechanical Riding Machines; # \_\_\_\_\_  
Other; # \_\_\_\_\_; describe: \_\_\_\_\_  
**Sports facilities (check all that apply):**  
 Volleyball  Basketball  Hockey  Other; describe: \_\_\_\_\_

13. Does Applicant have entertainment?  Yes  No If yes, check ALL that are applicable below:  
 Juke Box  Band; maximum # of members (including singer): \_\_\_\_\_ # of days per week: \_\_\_\_\_  
 DJ; # of days per week: \_\_\_\_\_  Solo musician/singer; # of days per week: \_\_\_\_\_  Comedian  
 Dancers-topless/nude/go-go  Other entertainment; describe: \_\_\_\_\_  
Type of music:  Disco  Country/Western  Rock & Roll  Other; describe: \_\_\_\_\_

14. Is dancing allowed?  Yes  No If yes, # of days per week: \_\_\_\_\_ Size of dance floor: \_\_\_\_\_ square feet

15. Any consumption promotions such as happy hour, ladies night, etc.?  Yes  No If yes, give details: # of days per week: \_\_\_\_\_  
Times & duration of promotions (i.e., 5pm to 7pm): \_\_\_\_\_ Describe alcohol/food discounts: \_\_\_\_\_

16. surrounding premises (check the most applicable):  Downtown district  Industrial  Rural  Entertainment district  Suburban commercial  
 Urban commercial  Residential  Seasonal/resort: operate all year?  Yes  No  
 Other; describe: \_\_\_\_\_

Premises located within corporate municipality?  Yes  No If yes, population of municipality \_\_\_\_\_

17. Number of days open per week: \_\_\_\_\_  
 Normal opening & closing hours for alcohol sales (show AM or PM after time):

Sunday-Thursday                      Friday                      Saturday

Open

Close

18. Seating Capacity: Dining room: \_\_\_\_\_ Bar area: \_\_\_\_\_ Maximum legal occupancy: \_\_\_\_\_

19. Number of peak period alcohol serving employees/owners: Bartenders: \_\_\_\_\_ Waiters/Waitresses: \_\_\_\_\_  
 Number of peak period bouncers or other security personnel employed: \_\_\_\_\_

20. Within the past 5 years, has Applicant been fined or cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)?  
 Yes  No If yes, # of times: \_\_\_\_\_; explain: \_\_\_\_\_

21. Within the past 5 years, has Applicant or any owner/partner/officer/licensee had a liquor license revoked or suspended?  
 Yes  No If yes, # of times: \_\_\_\_\_; explain: \_\_\_\_\_

22. Is any training provided for bartenders and waiters/ waitresses in the handling of minors and intoxicated customers?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 Is such training required for all bartenders & servers?  Yes  No If no, what percentage had training: \_\_\_\_\_ %

23. Describe the Applicant's alcohol service policy for serving intoxicated customers: \_\_\_\_\_  
 Are customers who appear under the age of 25 served without checking identification for age?  Yes  No

24. Member of professional trade association?  Yes  No If yes, provide association name: \_\_\_\_\_

25. Provide Applicant's annual sales for food and all alcoholic beverages (liquor, beer, and wine) below:

	Past 12 months	Next 12 months
Alcohol On-Premises Sales*	\$ _____	\$ _____
Alcohol Take-Out Sales**	\$ _____	\$ _____
Food Sales	\$ _____	\$ _____
***Other Sales	\$ _____	\$ _____
Total Sales	\$ _____	\$ _____

\*Alcohol Sold On-Premises:  Beer  Wine  Liquor

\*\*Take Out Alcohol Sold:  Beer  Wine  Liquor

\*\*\*Describe other sales: \_\_\_\_\_

26. Does Applicant have a drive-thru operation for the sale of alcohol?  Yes  No  
 Does Applicant allow BYOB (Bring Your Own Bottle)?  Yes  No

27. Does Applicant carry General Liability insurance?  Yes  No If yes, effective from: \_\_\_\_\_ to \_\_\_\_\_  
 Insurer: \_\_\_\_\_ Limits: \$ \_\_\_\_\_ Assault & Battery Excluded?  Yes  No

28. Does Applicant currently carry Liquor Liability Insurance?  Yes  No If yes, Form:  Claims Made  Occurrence  
 Insurer: \_\_\_\_\_ Limits: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Assault & Battery Excluded?  Yes  No  
 Except for Kentucky risks, has any insurer denied cancelled or non-renewed Liquor Liability coverage in the past 3 years?  Yes  No If yes, explain: \_\_\_\_\_

29. In the past 5 years, has Applicant or any owner, partner, member, officer or licensee had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not?  Yes  No If yes, how many claims or incidents? \_\_\_\_\_ Give details below

Date of Incident    Date of Claim    Amount Paid    Amount Reserved    Status    Description of Incident/Claim

A  
B  
C  
D

30. Is coverage needed for any Additional Insureds:  A-None  B-Lessor  C-Other; describe interest; \_\_\_\_\_  
 If B or C, Give Name & Address: \_\_\_\_\_

BY SIGNING THIS APPLICATION, THE APPLICANT: (1) certifies that the information contained in this application is true and accurate to the best of his/her knowledge and belief; and (2) acknowledges that the information contained herein will be the basis upon which the Insurer may issue a Liquor Liability policy to the Applicant; and (3) acknowledges that if the Insurer issues a Liquor Liability policy and if any information contained herein is misleading or false; the Insurer may have the right to rescind the policy which may be issued pursuant to this application. The signing of this application does not bind the Insurer to provide the insurance. It is mutually understood and agreed by the Insurer and the Applicant that any inspection of the premises is made solely for the use and benefit of the Insurer, and is not to be relied upon by the Applicant in any way; and (4) authorizes the Insurer and its authorized representative, Centrex Underwriters, Inc., to obtain the following information from the state and/or other liquor authority licensing or regulating this establishment: all violations, consumer complaints and disciplinary actions on record with the state and/or other authority licensing or regulating this establishment in the past five years.

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Retail Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_