



United States Liability Insurance Group

Liquor Liability

WARRANTY APPLICATION

NEW RENEWAL If a renewal, provide the expiring policy number: _____

1. Name of Applicant (**show all names including legal & dba's**) _____

2. Mailing Address _____

3. Location Address _____

4. Phone Number: (____) _____

5. Website Address: _____ E-Mail Address: _____

6. Name/Title of person who keeps books: _____ Phone Number: (____) _____

7. The applicant is: Individual Partnership Corporation Other (describe) _____

8. How long has current owner been in business at this location? _____ *

* If 5 years or less, describe experience: _____

9. **TYPE OF BUSINESS (check all that apply):**

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Private Club | <input type="checkbox"/> Country Club | <input type="checkbox"/> Catering/Banquet Hall |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Billiard/Pool Hall | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Fraternal Club |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Concessionaire | <input type="checkbox"/> Adult Night Club or Bar | <input type="checkbox"/> Retail/Take-out/Package Store |
| <input type="checkbox"/> Off-Premises Caterer | <input type="checkbox"/> OTHER (describe): _____ | | |

ESTIMATED RECEIPTS

10. a.) Gross Annual Receipts	Past 12 Months	Next 12 Months
FOOD	\$ _____	\$ _____
ALCOHOL	\$ _____	\$ _____
OTHER (Describe): _____	\$ _____	\$ _____

b.) If applicant engages in the sale of alcoholic beverages for on-premise & off-premise consumption, provide a breakdown:

	On Premise	Off Premise
FOOD	\$ _____	\$ _____
ALCOHOL	\$ _____	\$ _____

c.) If applicant has more than one operation at same location, provide breakdown of receipts by operation:

	Bar/Lounge	Restaurant	Banquet	Retail Sales	Other _____
FOOD	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ALCOHOL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER (Describe) \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

d.) Does applicant sell or serve alcohol away from the premise (location shown in #3 above)? Yes No
If off-premise coverage is desired, attach a completed off-premise supplemental application, form LLA-OPS to this submission.

11. Does applicant have a valid **liquor license**? Yes No

If yes, Name on the license: _____ License #: _____

12. Has the applicant or any owner, officer or partner filed **bankruptcy** in the last 5 years? Yes No

13. Are **employees permitted to consume alcohol** during their hours of employment? Yes No

14. Is establishment located within 5 miles of a **college or university**? Yes No

15. What is the average **age of patrons**? Under 21 21-25 26-30 31+

16. Does applicant offer: a.) Beer (12 oz or more) for \$1.00 or less Yes No

b.) Liquor or wine (any size) for \$1.50 or less Yes No

c.) Multiple drink incentives (i.e.: 2 for 1's, every 3rd drink is free, etc.) Yes * No

d.) Drink specials before 4 p.m. or after 9 p.m. Yes * No

e.) Complimentary drinks or "all you can drink" specials Yes * No

* If yes, describe type of drink(s), cost and time(s) offered: _____

17. If alcohol sales equal or exceed food receipts, are persons **under the legal drinking age** allowed on premises after 10 p.m.? Yes No *

* If no, describe how this is enforced: _____

18. Are **bouncers or doorpersons** employed? (if yes, this risk must be rated in Category I) Yes No

19. Are **guns** permitted or kept on premises? Yes No

20. Does applicant permit "**BYOB**" (bring your own bottle) or **setups**? Yes No

If yes, explain: _____

21. Does applicant feature any **ENTERTAINMENT**? Yes No
 If yes: ▶ How Often? 0-12 times per year 1-3 times per week
 13-51 times per year 4+ times per week
- ▶ Entertainment is:
 DJ Jukebox Karaoke Solo Vocalist
 Band Comedy Club Adult Entertainment/Exotic Dancing
 Stage/Floor Show or Contests (Describe): _____
- ▶ Describe type of music:
 Top 40's/Pop Classic Rock Soft Rock Alternative Country
 Jazz R&B Rap Other _____
- ▶ Is dancing permitted? Yes No
 ▶ Is there a dance floor? Yes No
22. Is this a **seasonal** operation? Yes No If yes, what is the season?: _____ to _____
23. Are facilities available for **banquets, receptions or private affairs**? Yes No
 If yes, how many functions are handled annually? _____ Describe types: _____
24. Are all alcohol-serving employees certified in a **Formal Alcohol Training Course**? Yes No
 If yes, provide name of the course (i.e.: TIPS, TAM, RAMP, BEST, etc): _____
25. **Hours of operation:** Mon-Thurs _____ Fri _____ Sat _____ Sun _____
 If open past 2 a.m., is a special license required to stay open late? Yes No
26. **Violations:** Within the past 5 years, has applicant been **fined or cited** for violations of law or ordinance related to illegal activities or the sale of alcohol? Yes No
 If yes, provide date(s) and details of citation(s): _____
27. **Claims:**
 a.) Within the past 5 years, has the applicant had any reported **liquor liability claims** or notification of potential liquor liability claims? Yes No
 If yes, provide date(s), description of claim(s) and status: _____
 b.) Within the past 5 years, has the applicant had any reported **assault & battery claims** or notification of potential claims related to assault & battery? Yes No
 If yes, provide date(s), description of claim(s) and status: _____
28. Within the past 5 years, has applicant's liquor coverage been **cancelled or nonrenewed**? Yes No
 If yes, explain: _____
29. Previous Liquor Carrier: _____ Limits _____ Premium _____
 Policy term: _____ to _____
30. Limits Desired: Each Common Cause Limit: _____ Aggregate Limit _____
31. Is an **ADDITIONAL INSURED** needed? Yes No
 If yes, Name is: _____
 Address is: _____
 Describe Insurable Interest: _____

FRAUD STATEMENT: Any person who knowingly and with the 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.

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 in any way as this would materially affect acceptance of a 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 or 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, Officer or Partner) (Required) (Required)

**SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.*

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: