



Western Heritage INSURANCE COMPANY

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250
1-800-873-9442 • Fax (480) 596-7859

Liquor Liability Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name _____
Mailing Address _____

Agent Name _____
Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant.

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
\$ _____,000	\$ _____,000

PLEASE ANSWER ALL QUESTIONS

1. Type of risk:

- Convenience/Grocery Store Bar/Tavern Catering Service Special Event Vendor
- Package Store Restaurant Liquor Manufacturer/Microbrewery
- Night Clubs Comedy Clubs Gentlemen's/Strip Clubs Casino
- Wholesaler/Distributor 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? Yes No
If Yes, when and why? _____

4. Name on liquor license: _____ **Type of liquor license:** _____

5. Square foot area of establishment: _____ **(Maximum Occupancy):** _____

6. Premises within city limits? Yes No

7. Have all servers been through any server training (tips, tops)? Yes No

Type of course: _____ **How often required?** _____

Ride home policy? Yes No

8. Number of servers: _____

9. How often does manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? _____

10. Procedures in place regulating the sale of alcohol to minors or those under the influence? Yes No
 If Yes, describe: _____
 How is age of customer verified? _____
11. Type of clientele: Area Residents Area Workers Tourists College Other: _____
12. Percent of clientele: Under 25 _____% 25-30 _____% Over 30 _____%
13. Type of area: Industrial or Commercial Residential Rural Other: _____
 Located on or near college campus? Yes No
14. How many years has applicant been in business? _____
15. How many years has applicant been at this location? _____
16. How many days per week is location open? _____
17. What time does location close? _____ Hours of serving? _____
18. Is there a cover charge? Yes No
 If Yes, what is the amount? \$ _____
19. Do you have "Happy Hour" or 2-for-1 drink specials? Yes No
 Is last call announced? Yes No
 Are customers allowed more than one drink at last call? Yes No
20. Are patrons allowed to BYOB (Bring Your Own Booze)? Yes No
21. Security Activities:
 Bouncers Doorman Off Duty Police
 Contracted Security Firms: inside outside armed unarmed
 Any firearms kept or carried on the premises? Yes No
22. Types of entertainment activities:
 Live Entertainment Type and how often? _____
 DJ 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 Yes No If Yes, describe: _____
23. Estimated liquor receipts: \$ _____ Other receipts: \$ _____
24. Percent of receipts for on-premises consumption: _____%
25. Percent of receipts for off-premises consumption: _____%
26. Estimated food receipts: \$ _____
27. Percentage of liquor receipts to total receipts: _____%
28. Prior carrier: _____ Policy number: _____

29. Has applicant had any claims? Yes No
If Yes, give details: _____

30. SPECIAL EVENTS: (If GL also being written with liquor, include Special Event Application.)

- Type and purpose of event: _____
- Describe entertainment if provided for event: _____
- Location of event (provide diagram of area when possible): _____
- Attach a brochure/flyer; advertisement if available.
- Hours of event: _____ Daily attendance: _____ Number of days: _____
- Is alcohol being served in a controlled or fenced off area? _____
- Can alcohol be consumed away from the area where served? _____
- Can alcohol be brought in by attendees? _____
- Who will check ID's and when? _____
- After ID's are checked, are wrist bands used or hand stamps? _____
- Will there be professional bartenders? Yes No
If so, how many? _____
- Is the applicant the sole vendor of alcohol? Yes No
If not, are all vendors required to carry liquor coverage? Yes No

31. Manufacturer:

Tours of Facility? Yes No
Free Samples given? Yes No
If Yes, how is quantity controlled? _____

32. Distributor:

Any Sponsored Events? Yes No
If Yes, describe: _____
Policy for giving away alcoholic beverages by Sponsor? Yes No
If Yes, describe: _____

33. Caterers:

Are clients/guests allowed to mix their own drinks? Yes No
Does caterer provide liquor or just bartending service? Yes No

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

Named Insured Signature

Date

Producing Agent Signature

Date

Agent Name _____

Agent License Number _____

(Applicable to Florida Agents Only.)