

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:



SOCIAL CLUB LIQUOR LIABILITY APPLICATION

TO BE COMPLETED IN ADDITION TO ACORD APPLICATION OR ITS EQUIVALENT

All questions must be answered in full. If necessary, attach a separate sheet of paper with complete details.

Application must be signed and dated by the applicant.

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Applicant's Phone Number: _____

Web Address: _____

Inspection Contact: _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact: _____

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____

1. Years in business? _____ Years at this location? _____
2. Liquor License #: _____ State: _____ License Type: ☐ On Premises ☐ Off Premises ☐ Both
License issued to Named Insured? ☐ Yes ☐ No
If no, name on license: _____
3. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your license suspended? ☐ Yes ☐ No
If yes, provide details: _____
4. Type of club:

<input type="checkbox"/> American Legion	<input type="checkbox"/> Hunting/Fishing Club
<input type="checkbox"/> Beach Club	<input type="checkbox"/> Knights Of Columbus
<input type="checkbox"/> Ethnic (Italian-American)	<input type="checkbox"/> VFW
<input type="checkbox"/> Fireman's Association	<input type="checkbox"/> Yacht Club
<input type="checkbox"/> HOA	<input type="checkbox"/> Other – Describe: _____
5. Hours of operation: _____ Days of the week: _____
6. Breakdown of sales:

Food	\$	Alcohol	\$
Price per mixed drink	\$	Price per beer	\$
Price per glass of wine	\$	Other: _____	\$
7. Type of entertainment provided, if any: _____
8. Have all bartenders and servers participated in a recognized server training program? ☐ Yes ☐ No
 - a. Type of course? _____
 - b. How often required? _____
 - c. If in-house training, does person performing training have certification for training the course? ☐ Yes ☐ No ☐ Not Applicable
9. Describe procedures and controls in place to keep alcohol away from minors or intoxicated members or guests: _____
10. Describe procedures in place should a member or guest become visibly intoxicated: _____

11. Do bartenders, other servers or the manager have the authority to stop serving alcohol to a member or guest at their discretion? ☐ Yes ☐ No
If not, describe procedures: _____
12. Number of Bartenders: _____ Full-Time Employees
_____ Part-Time Employees
13. Number of Servers: _____ Full-Time Employees
_____ Part-Time Employees
14. Is anyone besides an employed bartender allowed to serve alcohol? ☐ Yes ☐ No
If yes, describe: _____
15. Are employees or other persons permitted to consume alcohol during their hours of employment or service? ☐ Yes ☐ No
16. Is there an "honors" bar for members? ☐ Yes ☐ No
17. Are members ever permitted to BYOB or serve themselves (if yes, account is ineligible)? ☐ Yes ☐ No
18. Are bouncers or security professionals ever employed? ☐ Yes ☐ No
If yes, is security armed? _____ ☐ Yes ☐ No
Provide details: _____
19. What is the latest time alcohol is sold or served? _____

Special Event And Member's Use Exposures

20. Are members allowed to use the facility for personal usage? ☐ Yes ☐ No
21. If yes, for what type of events?
☐ Wedding Receptions ☐ Corporate Functions ☐ Religious Celebrations
☐ Other – Describe: _____
22. How many times did members rent the club for personal functions during the previous 12 months? _____
23. Does the club require a rental agreement that requires the member and outside vendors to:
a. Hold the club harmless? ☐ Yes ☐ No
b. Indemnify the club? ☐ Yes ☐ No
c. Name the club as additional insured on their policy? ☐ Yes ☐ No
d. Provide a Certificate of Insurance? ☐ Yes ☐ No
If no to any of the above, describe the agreement: _____
24. Does the club sponsor special events? ☐ Yes ☐ No
If yes, describe type and number of events held annually: _____

Claims Information

25. Describe all claims or incidents of injury/damage, including any loss payments, resulting from liquor liability in the last five years from the date of completion of this questionnaire or attach hard copy loss runs:
- _____
- _____
- _____
- _____
- _____
- _____

Limit of Liability

26. Select Limit of Liability for Liquor Liability (You may only select one option)

	Each Common Cause	Aggregate
<input type="checkbox"/>	\$100,000	\$100,000
<input type="checkbox"/>	\$100,000	\$200,000
<input type="checkbox"/>	\$300,000	\$300,000 <input type="checkbox"/>
<input type="checkbox"/>	\$300,000	\$600,000
<input type="checkbox"/>	\$500,000	\$500,000
<input type="checkbox"/>	\$500,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$2,000,000

27. Optional Coverage – Assault or Battery (You may only select one option)

	Each Event	Aggregate
<input type="checkbox"/>	\$25,000	\$50,000
<input type="checkbox"/>	\$50,000	\$100,000
<input type="checkbox"/>	\$100,000	\$100,000
<input type="checkbox"/>	\$300,000	\$300,000

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines,

denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date