



17. Is there a college or university within a 3-mile radius of the Applicant's premises?    Yes    No If yes, give name:					
18. Is the Applicant open four days or fewer per week?    Yes    No	Does the Applicant open for business at 7 p.m. or later?    Yes    No				
Does the Applicant close later than 2 a.m.? Is this a seasonal operation?	Yes    No    If yes, what is the latest time closing time?    a.m    to Yes    No    If yes, what are the dates of operation?				
19. Does the Applicant use bouncers/I.D. checkers or security personnel?    Yes    No    If yes, how many are used during peak periods?					
20. Within the past 5 years, has Applicant had a liquor license suspended or revoked or been fined/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. Does the Applicant require all alcohol serving or selling employees be certified by a formal alcohol-awareness training program?    Yes    No If yes, give the name of the training program (BEST, RAMP, TIPS, TAM, etc.):					
22. Operations (Answers are required):					
Yes    No	Does the Applicant have procedures in place to regulate the sale of alcohol to intoxicated customers and to minors?				
Yes    No	Are the Applicant's employees required to check age identification of customers who appear to be under the age of 25?				
No    Yes	Does the Applicant allow customers to order more than one drink at last call?				
No    Yes	Does the Applicant allow employees to consume alcohol on the premises while on the job?				
No    Yes	Does the Applicant have a drive-through operation for the sale of alcohol?				
No    Yes	Does the Applicant allow customers to BYOB (Bring Your Own Bottle)?				
23. Provide Applicant's annual sales for food and all alcoholic beverages (liquor, beer, and wine) below:					
	Alcohol Sales for                      Alcohol                      Food Sales                      * Other Sales                      Total Sales				
Next 12 months	On-Premises Consumption                      Take-Out Sales				
Past 12 months					
*Describe other sales: If there are on-premises and take-out alcohol sales, does the Applicant keep separate sales records for on-premises and take-out alcohol sales?    Yes    No					
24. Does Applicant carry General Liability insurance?    Yes    No	If yes, effective from:                      to                      Assault & Battery Excluded?    Yes    No				
Insurer:	Limits:                      Package Policy                      Monoline Policy				
25. Does Applicant currently carry Liquor Liability Insurance?    Yes    No	Expiration date:                      Assault & Battery Excluded?    Yes    No				
Insurer:	Limits: \$                      Premium: \$                      Yes    No    If yes, explain:				
Except for Kentucky and Missouri risks, has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years?    Yes    No					
26. In the past 5 years, has the 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 (Open/Closed)	Description of Incident/Claim
A					
B					
C					
27. Is coverage needed for Additional Insureds:    A-None    B-Lessor/Property Manager    C-Vendor    D-Franchisor    Vendors Only-product type:					
Name/Address/Interest:					
Name/Address/Interest:					
Name/Address/Interest:					
<b>General Liability Section</b> (to be completed only if GL coverage is requested)					
GL limit requested:    \$300,000/\$600,000    \$500,000/\$1,000,000    \$1,000,000/\$2,000,000					
1. Do you own the building?    Yes    No		If yes, is any part of your location rented to others?    Yes    No			
a. If yes, what is the occupancy of the tenant(s)?		Apartments    Retail/Other			
b. If apartments, how many units are rented to others?		If Retail/Other, what is the square footage occupied by the tenant(s)?			
2. Are exits clearly marked and unobstructed?    Yes    No					
3. Is cooking performed?    Yes    No		If yes, is there an operational Ansul system?    Yes    No			
4. Is there a service agreement in place for cleaning the surfaces and ducts of the extinguishing system?    Yes    No					
5. Are there any firearms or weapons kept on premises?    Yes    No		Policy will contain an endorsement excluding coverage for firearms and weapons.			
6. Is parking performed by a valet contracted service?    Yes    No		If yes, are certificates of insurance obtained and is the applicant named as an Additional Insured?    Yes    No			
7. In the past 3 years, has the applicant had any GL claims or incidents that might give rise to such a claim, whether insured or not?    Yes    No		If yes, please provide details:			
Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A					
B					
C					

**General Liability Section** (continued)

8.	Does applicant package and sell food under their own label?	Yes	No			
9.	Are records kept on food suppliers?	Yes	No			
10.	Does applicant provide Worker's Compensation coverage for employees?	Yes	No			
11.	Does applicant lease employees?	Yes	No	If yes, does the lease employer provide Worker's Compensation coverage?	Yes	No
12.	Does applicant hire any contracted security service?	Yes	No	If yes, are certificates of insurance obtained and the applicant named as an additional insured?	Yes	No

**State Fraud Warnings – By State****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 claiming 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."

**Florida:**

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

**Hawaii:**

"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

**Kentucky:**

"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."

**Louisiana or West Virginia:**

"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."

**Maine:**

"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 denial of insurance benefits."

**Maryland:**

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

**New Jersey:**

"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 \$5,000 and the stated value of the claim for each such violation."

**Ohio:**

"Any person who, with intent to defraud or knowing that he/she 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."

**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."

**Tennessee or Virginia or 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 include imprisonment, fines and denial of insurance benefits."

**For All other States:**

NOTICE: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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:

Telephone #:

Retail Agency Signature:

Date