

Liquor Liability Supplemental Application

| Applicant Information

Applicant name:		Application date:	
Address:		City:	State: ZIP:
Phone:	Website:	Applicant's email:	
Type of entity: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Nonprofit <input type="radio"/> Other			
Federal Employer Identification Number (FEIN) or Tax Identification Number:			
Applicant's contacts	Name	Phone	Email
Loss control manager			
General manager			
Audit			
Account/business manager			
Location to be insured has been under present management since (year):			
How many years of experience does the applicant have owning or managing the same type of operation?			

General Information

Operation description (check all that apply):

☐ Bar/tavern

☐ Restaurant

☐ Country club

☐ Nightclub

☐ Private/fraternal club

☐ Pool/billiard hall

☐ Unlicensed risk (please describe):

☐ Other (please describe in detail):

☐ Adult club/strip club

☐ Banquet/catering hall

☐ Bowling alley

☐ BYOB restaurant

☐ Comedy club/dinner theater

☐ Brewery/distillery

☐ Off-premises caterer

☐ Off-premises bartending service

☐ Retail/convenience/liquor store

☐ Wholesale distributor

Concessions & Liquor

Requested liquor liability limits:

☐ \$100,000/\$200,000

☐ \$300,000/\$300,000

☐ \$1,000,000/\$2,000,000

☐ \$300,000/\$600,000

☐ \$500,000/\$500,000

☐ Other

☐ \$500,000/\$1,000,000

☐ \$1,000,000/\$1,000,000

Alcohol & food receipts

On-premises alcohol sales		<input type="checkbox"/> Not Applicable
On-premises food sales		<input type="checkbox"/> Not Applicable
Retail alcohol sales to public for off-premises consumption		<input type="checkbox"/> Not Applicable
Off-premises alcohol catering sales		<input type="checkbox"/> Not Applicable
Off-premises catering food sales		<input type="checkbox"/> Not Applicable
Wholesale alcohol sales		<input type="checkbox"/> Not Applicable
Other (please describe)		<input type="checkbox"/> Not Applicable

Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the past 12 months?

☐ Yes

☐ No

Does the applicant maintain General Liability insurance at limits equal to or greater than the applicant's liquor liability limits?

☐ Yes

☐ No

Within the past 5 years, has the applicant's liquor liability coverage been cancelled or nonrenewed for reasons other than prior carrier discontinuing writing any liquor liability coverages?

☐ Yes

☐ No

If yes, please describe:

Concessions & Liquor *(Continued)*

Are any persons—including employees, temporary workers, leased workers, entertainers or performers—permitted to consume alcohol while working?

☐ Yes ☐ No

Is the applicant a franchisee?

☐ Yes ☐ No

Does the applicant hire independent contractors to sell or serve alcohol?

☐ Yes ☐ No

If yes, does the applicant require independent contractors who sell or serve alcohol to maintain their own liquor liability coverage at equal or greater limits?

☐ Yes ☐ No

If yes, does the independent contractor name the applicant as an Additional Insured on their liquor liability policy?

☐ Yes ☐ No

Does the applicant require certification of all alcohol servers through a formal alcohol training course not required by the state?

☐ Yes ☐ No

If yes, please provide the name of the formal training course: _____

Within the past 5 years, has the applicant had any reported or notifications of potential liquor liability and/or assault & battery claims?

☐ Yes ☐ No

If yes, please describe below:

Date of loss	Description of loss	Open/closed	Amount paid	Reserve amount

Is the applicant aware of any fines, violations, or citations for the sale or service of alcohol in the past 5 years?

☐ Yes ☐ No

If yes, please describe below:

Date of violation	Type of violation	Action taken to prevent future violations

Does the applicant have a valid liquor license?

☐ Yes ☐ No

If yes, does the applicant allow BYOB (other than banquets), self-service, bottle service, or setups?

☐ Yes ☐ No

Does the applicant permit BYOB at banquets?

☐ Yes ☐ No

If yes, does the applicant and/or their employees serve the alcohol?

☐ Yes ☐ No

Does the applicant require that the lessee carry liquor liability insurance?

☐ Yes ☐ No

Does the applicant ever use a bouncer, security or doorman?

☐ Yes ☐ No

Types and frequency of entertainment:

- ☐ Band (other than jazz/instrumental) and/or DJ _____ times per week or _____ times per year
- ☐ Karaoke/soloists/duets _____ times per week or _____ times per year
- ☐ Other (please describe) _____ times per week or _____ times per year

Concessions & Liquor *(Continued)*

Is a band or DJ entertainment featured every night the establishment is open?

☐ Yes

☐ No

Does the establishment feature adult entertainment, such as exotic dancing?

☐ Yes

☐ No

Is the establishment a private fraternal or civic club?

☐ Yes

☐ No

If yes,

Are members permitted to BYOB or self-service?

☐ Yes

☐ No

If located in Pennsylvania, does the applicant have special licensing allowing the establishment to stay open until 3 a.m.?

☐ Yes

☐ No

Does the establishment offer same-day memberships?

☐ Yes

☐ No

Are members allowed to bring more than 3 guests per day, not including immediate family members or banquets?

☐ Yes

☐ No

Does the establishment offer any drinks less than \$1.50?

☐ Yes

☐ No

Is the establishment a retail store?

☐ Yes

☐ No

If yes, does the establishment offer on-premises tasting or sampling of alcohol?

☐ Yes

☐ No

If yes, does the establishment deliver alcohol to customers?

☐ Yes

☐ No

What is the latest hour the establishment will stay open?

☐ a.m.

☐ p.m.

☐ 24 hours

What time does the sale or service of alcohol stop?

☐ a.m.

☐ p.m.

☐ 24 hours

Does the establishment offer drink specials after 10 p.m. (Not applicable in Massachusetts and North Carolina)?

☐ Yes

☐ No

☐ Not applicable

Does the establishment sell beer for less than \$2 and/or wine or liquor for less than \$3? (Not applicable to private fraternal clubs)

☐ Yes

☐ No

☐ Not applicable

Is the establishment a fine dining restaurant with typical entrée priced greater than \$20, bottles of wine priced \$30 each on average, and at least 10 or more wines offered on the menu?

☐ Yes

☐ No

Does the establishment sell beer and wine only? (Not applicable to retail stores)

☐ Yes

☐ No

Does the establishment use an electronic identification scanner?

☐ Yes

☐ No

Does the establishment use functional and operational surveillance cameras inside the establishment?

☐ Yes

☐ No

Does the establishment or will the establishment ever offer beer pong or other drinking games?

☐ Yes

☐ No

Does the establishment or will the establishment ever offer unlimited alcoholic beverage specials?

☐ Yes

☐ No

Does the establishment allow patrons under the legal drinking age on the premises? (Not applicable to retail stores, banquet halls, or caterers.)

☐ Yes

☐ No

Concessions & Liquor (Continued)

Additional Insureds (The liquor license holder will be included automatically.):

Name	Interest	Mailing address

If the applicant is an unlicensed banquet hall, unlicensed caterer, or unlicensed bartending service:

Total number of annual events involving alcohol: _____

Average event attendance: _____

Will the applicant ever do business in Alabama, Alaska, Illinois, Louisiana, Mississippi, Rhode Island, or West Virginia? ☐ Yes ☐ No

If the applicant is a BYOB restaurant:

Does the applicant permit only beer and wine BYOB? ☐ Yes ☐ No

Does the wait staff actively monitor all alcohol consumption and request valid identification from all patrons? ☐ Yes ☐ No

If the applicant is a charter boat or dinner cruise operator:

Does the vessel operate only in U.S. territory waters? ☐ Yes ☐ No

Will the vessel navigate in the waters or off the coast of Alabama, Alaska, Illinois, Louisiana, Mississippi, Rhode Island, or West Virginia? ☐ Yes ☐ No

Does the applicant carry protection and indemnity coverage at limits equal to or greater than liquor liability limits? ☐ Yes ☐ No

For unlicensed miscellaneous host exposure, please describe the operation in detail:

Does the applicant offer more than two complimentary drinks per patron? ☐ Yes ☐ No

Does the staff actively monitor all alcohol consumption and request valid identification from all patrons? ☐ Yes ☐ No

Submission Requirements

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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

Applicable in CO

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER