



AmWINS Access Insurance Services

Liquor Liability Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME: _____

OPERATIONS

- Type of risk (check all that apply):

<input type="checkbox"/> Bar/Sports Bar/Tavern	<input type="checkbox"/> Country Club	<input type="checkbox"/> Off-Premises Bartending Service
<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Drive through Daiquiri Shop	<input type="checkbox"/> Off-Premises Caterer
<input type="checkbox"/> BYOB Restaurant	<input type="checkbox"/> Fraternal/Private Clubs	<input type="checkbox"/> Package Store
<input type="checkbox"/> Casino	<input type="checkbox"/> Gentlemen's/Strip Clubs	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Catering Service	<input type="checkbox"/> Gun Clubs or Lodges	<input type="checkbox"/> Wholesale/Distributor
<input type="checkbox"/> Comedy Clubs	<input type="checkbox"/> Liquor Manufacturer/Microbrewery	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Convenience/Grocery Store	<input type="checkbox"/> Night Clubs	_____
- Name on liquor license: _____
- Type of liquor license: _____
- Type of clientele?

<input type="checkbox"/> Area residents	<input type="checkbox"/> Area workers	<input type="checkbox"/> Tourists	<input type="checkbox"/> College Students
<input type="checkbox"/> Other: _____			
- Percent of clientele: Under 25 years old: _____% 25-30 years old _____% Over 30 years old _____%
- Hours of operation:
 - What are the daily operating hours?

Sunday _____	Monday _____	Tuesday _____	Wednesday _____
Thursday _____	Friday _____	Saturday _____	
 - What is the latest hour the establishment will ever stay open? _____ A.M./P.M. 24 Hours
 - What time do you stop selling or serving alcohol? _____ A.M./P.M. 24 Hours
 - Is this establishment open later than *like* establishments in the immediate vicinity? Yes No
- Types of entertainment, promotions, or amusement devices on premises (check all that apply and describe below):

<input type="checkbox"/> Bands of 3 or more persons (describe)	<input type="checkbox"/> Juke box	<input type="checkbox"/> Pyrotechnics
<input type="checkbox"/> Basketball	<input type="checkbox"/> Karaoke (describe)	<input type="checkbox"/> Shuffleboards
<input type="checkbox"/> Bungee Jumping	<input type="checkbox"/> Live entertainment (describe)	<input type="checkbox"/> Swimming pool or Lake
<input type="checkbox"/> Dart Lanes	<input type="checkbox"/> Mechanical Bull	<input type="checkbox"/> Trampoline
<input type="checkbox"/> Dinner Theater (describe)	<input type="checkbox"/> Nudity (describe)	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Disc Jockey (describe)	<input type="checkbox"/> Midget/Go-Kart racing	<input type="checkbox"/> Other (describe): _____
<input type="checkbox"/> Dunk tank	<input type="checkbox"/> Mud Wrestling (describe)	_____
<input type="checkbox"/> Electronic Games	<input type="checkbox"/> Piano/Guitar (describe)	_____
<input type="checkbox"/> Gaming	<input type="checkbox"/> Pinball Machines	_____

 - Describe all that were checked: _____
- How often is entertainment provided? _____
- Is the owner/manager actively involved in the day to day operations? Yes No

PREMISES INFORMATION

- How many years has applicant been at this location? _____
- Location of Premises:
 - Premises within city limits? Yes No
If **No**, how far outside (miles)? _____
 - On or near a military base/installation? Yes No
If **Yes**, provide name of military base/installation: _____
- Type of area: Industrial/Commercial Residential Rural Other: _____
- Located on or near a college campus? Yes No

13. Square foot area of establishment: _____ Maximum Occupancy: _____
14. Dance floor? Yes No
- a. How many bar areas? _____
- b. Area of Dance floor: _____
15. Parking: Lot on Premises Street parking Public parking adjacent to premises Valet parking
- a. If lot on premises, number of spaces: _____
- b. Estimated daily number of 'walk-in' trade: _____
- c. Do you operate a "drive-thru" facility? Yes No
- If **Yes**:
- d. Do you sell open containers or ready-made cocktails? Yes No

OFF-PREMISES OPERATIONS:

16. Any off-premises events? Yes No
17. Are alcoholic beverages supplied by you? Yes No
18. Is bartender supplied to you? Yes No

ANNUAL GROSS RECEIPTS:

19. Complete chart:

	On-Premises Food	Off-Premises Catering	Alcohol	Cover Charges	Other (describe)
Policy Year (estimated)	\$		\$	\$	\$
Last Year (actual)	\$		\$	\$	\$

SECURITY/ALCOHOL AWARENESS:

20. Security used:
- Bouncers Doorman Off-Duty Police Contracted security firm
- Inside Outside Armed Unarmed
- a. If Armed: Firearms Tasers Pepper spray Other: _____
- b. Do any personnel receive security training? Yes No
- If **Yes**, describe security training program and indicated personnel receiving security training: _____
21. Are guard employees from a contracted guard service? Yes No
22. Are security persons, including bouncers:
- a. Employees, independent service? Yes No
- If **Yes**, describe: _____
- b. If other than employees, are Certificates of Insurance obtained? Yes No
- c. Is conflict avoidance training provided for security staff? Yes No
23. Number of police calls within the last year: _____
24. Are security cameras in use? Yes No
- a. What area is covered by cameras? Interior Exterior
25. Have all servers and sellers (off premises sales) of alcohol been through alcohol training? Yes No
- If **Yes**: Type of course(i.e. TIPS, TOPS): _____
- How often required? _____
26. Do your serving procedures to avoid serving minors or the intoxicated include:
- Checking the ID of all patrons appearing under 30 years of age? Yes No
 - Recognizing signs of impairment (i.e. red eyes, slurred speech, difficulty walking?) Yes No
 - Slowing down the pace of serving to prevent intoxication? Yes No
 - Terminating service to intoxicated patrons? Yes No
 - Ride home policy? Yes No
- Describe other procedures to prevent serving minors or the intoxicated, if any: _____
27. How often does the manager review liquor liability laws with employees (including penalties for serving minors or intoxicated customers)? _____
28. Does the applicant hire independent contractors to sell or serve alcohol? Yes No
- If Yes, does applicant mandate that all independent contractors that sell or server Alcohol maintain their own liquor liability coverage at equal or greater limits, and Name the applicant as an additional insured on the independent contractor's liquor liability policy? Yes No
29. Are driver's licenses or other means of identification scanned into a document or image retention system? Yes No

30. Does the applicant sell beer for less than \$1.00, and/or Wine or liquor for less than \$1.50? Yes No
(Not applicable to private fraternal clubs)
31. Is the applicant a Fine Dining restaurant with typical entrée prices greater than \$20, bottles of wine priced an average of \$30 each, and at least ten or more bottles of wine offered on the menu? Yes No
32. Does applicant use an electronic ID scanner? Yes No
33. Does the applicant ever offer:
- a. Beer pong or other types of drinking games? Yes No
 - b. "All you can drink" specials or similar offers of unlimited alcoholic beverages? Yes No
34. Are patrons under the legal drinking age permitted on the premises (except for retail stores, banquet halls or caterers)? Yes No
35. 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: _____

GENERAL INFORMATION

36. Is there a cover charge? Yes No
If **Yes**, what is the amount? \$ _____
37. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No
38. Do you have "Happy Hour", 2-4-1 drink specials or ladies night? Yes No
If **Yes**: How many hours does "Happy Hour" last? _____
Is last call announced? Yes No
Are customers allowed more than one drink at last call? Yes No
39. BYOB: Is there a "Brown Bag" or "BYOB" policy in place at this establishment, where patrons may bring their own alcoholic beverages for consumption either during the establishment open hours, or after hours? Yes No
If **Yes**: Is there a corkage fee charge? Yes No
Estimated annual receipts from corkage: \$ _____
Identify the serving policy: _____
40. If licensed, does applicant allow BYOB (other than banquets), self-serve, bottle service or setups? Yes No
41. Is BYOB permitted at banquets? Yes No
If Yes, does applicant or applicant's employees serve the alcohol OR require that the lessee carry liquor liability insurance? Yes No
42. For BYOB Restaurant:
- a. Are only beer and wine permitted for BYOB? Yes No
 - b. Does the wait staff actively monitor all alcohol consumption and request valid ID from all patrons? Yes No
43. For Unlicensed Banquet Hall/Unlicensed Caterer/Unlicensed Bartending Service:
- a. List total number of annual events involving alcohol: _____
 - b. List average attendance at all events: _____
44. If Risk is tenant occupied is the owner of the premises required to be named as an additional insured? Yes No
If **Yes**, please provide the following information: Name: _____ Address: _____
45. Number of servers: _____
a. Do servers work on a commission or tips only basis? Yes No
46. Is applicant a manufacturer? Yes No
If **Yes**: Are tours of facility given? Yes No
Are free samples given? Yes No
If **Yes**, how is quantity controlled? _____
47. Is the applicant a distributor? Yes No
If **Yes**, any sponsored events? Yes No
Describe: _____
Is there a policy for giving away alcoholic beverages by Sponsor? Yes No
If **Yes**, describe: _____
48. Is the applicant a caterer? Yes No
If **Yes**: Are clients/guests allowed to mix their own drinks? Yes No
Does caterer provide liquor or bartending service? Yes No
Number of events per year: _____ Average number of guests per event: _____

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

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 may be guilty of a crime and may be subject to fines and confinement in prison.

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.

Signature of Retail Agent _____ Date: _____