



Liquor Liability Application: NEW BUSINESS

All contact fields marked with an asterisk (*) are required for processing.

I. POLICY INFORMATION

*Named Insured: _____
 D/B/A: _____ Same as Named Insured
 *Mailing Address: _____ City/Town: _____ State: _____ Zip: _____
 *Premises Address: _____ City/Town: _____ State: _____ Zip: _____
 *Applicant is: Individual Corporation LLC Partnership Other (Specify): _____
 *Contact Name: _____ *FEIN: _____ *Telephone: _____
 Website: _____ *Email: _____ Date Bus. Started: _____
 *Member of Association: * Name of Association: _____
 *Policy Term Requested: from _____ to _____ New Venture
 Additional Quote: Include Quote for General Liability (Please Attach ACORDs 125 & 126)
 Additional Location(s) (Please attach additional app per location)

II. CLASSIFICATION OF RISK

Class Code	Description
11	<input type="checkbox"/> Manufacturers - including wineries - with or without hospitality rooms
12	<input type="checkbox"/> Wholesale Distributors - including importers; no consumption on premises
21	<input type="checkbox"/> Retail Stores - including package stores, markets and gas stations; no consumption on premises
31	<input type="checkbox"/> Bars - night clubs, sports bars and gentleman's clubs greater than 60% liquor
32	<input type="checkbox"/> Club - golf, civic, fraternal and social <input type="radio"/> Public <input type="radio"/> Non Profit <input type="radio"/> Members Only # of Members: _____
34	<input type="checkbox"/> Restaurants - liquor sales less than 40% of total food and liquor sales
35	<input type="checkbox"/> Restaurants, Pubs and Taverns - liquor sales exceed 40% of total food and liquor sales, but less than 60% liquor
37	<input type="checkbox"/> BYOB - based on annual number of adult attendees; on-premises consumption Estimated # of annual adult attendees: _____
37	<input type="checkbox"/> Caterers - based on the number of adult attendees, annual policy Estimated # of annual adult attendees: _____
38	<input type="checkbox"/> Annual Temporary Events - based on the number of annual adult attendees, annual policy Estimated # of annual adult attendees: _____
41	<input type="checkbox"/> Temporary Event - for single or multi-day events, weddings, parties, etc. Estimated # of annual adult attendees: _____ # of Days: _____

III. POLICY LIMITS REQUESTED

- \$50,000 per person/ \$100,000 per occurrence/ \$100,000 aggregate
- \$100,000 per person/ \$200,000 per occurrence/ \$200,000 aggregate
- \$250,000 per person/ \$500,000 per occurrence/ \$500,000 aggregate
- \$500,000 per person/ \$1,000,000 per occurrence/ \$1,000,000 aggregate
- \$1,000,000 per person/ \$1,000,000 per occurrence/ \$2,000,000 aggregate

IV. BUSINESS SALES*	Projected YTD	Last Year Actual	*SALES VERIFICATION DOCUMENTATION OPTIONS
Liquor Sales - On Premises Consumption	\$ _____	\$ _____	<input type="checkbox"/> Print out of the insured's POS system for the past 12 months
Liquor Sales - Off Premises Consumption	\$ _____	\$ _____	<input type="checkbox"/> MassConnect – MA Online Sales Tax form for the past 12 months (MA Only) _____
Food Sales - On Premises Consumption	\$ _____	\$ _____	<input type="checkbox"/> Accounting statement for the past 12 months (signed by licensed accountant) _____
Food Sales - Off Premises / Catering	\$ _____	\$ _____	<input type="checkbox"/> Pro Forma business plan (new ventures only)
Price Of Domestic Bottle Of Beer: \$ _____			

V. ENTERTAINMENT INFORMATION

Are any of the following provided at this premises? (Check all that apply) No entertainment

<input type="checkbox"/> Darts	<input type="checkbox"/> DJ	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Dancing	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Pool Tables	<input type="checkbox"/> Live Bands	<input type="checkbox"/> Mechanical Bulls	<input type="checkbox"/> Dance Floor	_____
<input type="checkbox"/> Pub Crawls	<input type="checkbox"/> Drinking Games/Tournaments		<input type="checkbox"/> Exotic Dancing	_____

Number of days with live entertainment per week: _____ Number of days open per week: _____

Closes at or before 8:00 pm

VI. ALCOHOL TRAINING / SECURITY TRAINING INFORMATION

Are any bouncers, doorpersons or security used? Yes No If yes, are they: Company Employee Contracted

Name of Alcohol Training Program (if applicable): _____

Have 100% of management and 75% of non-management servers been certified? Yes No

Name of Security Training Program (if applicable): _____

Have 100% of management and 75% of non-management servers been certified? Yes No

VII. OPTIONAL ENDORSEMENTS

GL Assault & Battery Endorsement

Property Damage Endorsement

Additional Insured: Name: _____ Address: _____
 Name: _____ Address: _____
 Name: _____ Address: _____

I decline to purchase General Liability Assault & Battery Coverage

General Liability Assault & Battery coverage is an optional endorsement that provides coverage for assault & battery acts that occur when there is no allegation of the serving of alcohol. (I.E. Security staff is accused of committing an A&B on a patron.). Please consult your agent for any additional explanation.

VIII. CITATIONS AND / OR HEARINGS

Has applicant had any citations or hearings with their local liquor licensing board? Yes No

If yes, please provide details: _____

Are employees permitted to consume alcohol on the applicant's premises, prior to, during or after their shift ends? Yes No

IX. ALL NEW APPLICANTS MUST COMPLETE THE INFORMATION BELOW

Has business operated under any other name(s)? If so, please provide prior names: _____

Has applicant been fined or cited for ABC violations of law or ordinances related to illegal activities or the sale of alcohol?
 Yes No If yes, please provide: Date: _____ Fine: _____ Penalty Assessed: _____

Has applicant or any active partner filed for bankruptcy? Yes No

Within the past 5 years has the applicant's General Liability or Liquor Liability coverage been cancelled or non-renewed?
 Yes No If yes, please provide details: _____

Applicant's years of experience owning or managing similar type of operation: _____

X. PRIOR COVERAGE HISTORY

Has the applicant had any losses, claims, lawsuits or incidents in the past 3 years? Yes No

If yes, please provide detailed loss explanation: _____

Has the insured had prior coverage? Yes No

If yes, please provide prior carrier information:

Year	Company	Premium
		\$
		\$
		\$
		\$
		\$

XI. RESTAURANT / TAVERN / BAR SUPPLEMENT

**The following information is only required if requesting General Liability Coverage along with the ACORD 125 Commercial Insurance Application and ACORD 126 Commercial General Liability Application*

Square Footage of Building: _____ Seating Capacity of Restaurant: _____
 Square Footage of Restaurant: _____ Seating Capacity of Bar: _____
 Number of Apartments (if applicable): _____ Hours of Operation: _____
 Number of Bartenders Employed: _____

Check all that apply:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Stairwell(s) | <input type="checkbox"/> Grilling | <input type="checkbox"/> Open Broiling | <input type="checkbox"/> Catering/Banquet Operations |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Deep Fat Frying | <input type="checkbox"/> Valet Parking | % of total receipts: _____ |
| <input type="checkbox"/> Escalator(s) | <input type="checkbox"/> Tableside Cooking | <input type="checkbox"/> Off Premises Parking | <input type="radio"/> On Premises |
| | | Square footage of parking lot: _____ | <input type="radio"/> Off Premises |

Any deliveries? Yes No Is there table service? Yes No

Are adequate Emergency Exits provided and equipped with panic hardware? Yes No
 How many means of egress are there per floor? _____ Are the exits clearly marked and illuminated? Yes No
 Adequate smoke alarms installed? Yes No Are they hardwired and interconnected? Yes No
 Any other on or off premises exposures not listed above? _____

1. KITCHEN FIRE PROTECTION

Volume of Cooking: None Limited Full
 UL 300 approved automatic extinguishing system covering all cooking surfaces? Yes No
 If no, please provide details: _____
 Name of System: _____ Wet Dry
 UL 300 system under maintenance contract? Yes No
 How often is system serviced? _____

XII. PAYMENT OPTION & DEPOSIT PREMIUM

Check Payment Option

- Payment in Full
- Monthly (7) Installments (available only if total policy premium >\$1,000) - **20% deposit of the estimated policy premium required**

Check Payment Type *(round all payments to nearest dollar)*

- Credit Card (Visa / MasterCard) - **Please complete the attached Credit Card Authorization Form**

Amount to be charged: \$ _____

- Check - **Copy of check must be sent to bind coverage**

XIII. AGENT'S / APPLICANT'S CERTIFICATION & AUTHORIZED SIGNATURES

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent's/applicant's knowledge and belief. By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company's reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant's retail and wholesale purchases of alcoholic beverages.

1. APPLICANT'S SECTION

Applicant's Name: _____ Title: _____

Fed ID# / Soc. Sec. #: _____ Telephone: _____

Email Address: _____

Applicant's Signature: X _____ Date: _____

2. AGENT / BROKER'S SECTION

Name of Agency: _____ Address: _____

Name of Agent: _____

Telephone: _____ Fax: _____

Email Address: _____

Agent's Signature: X _____ Date: _____

Fraud Statement: 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.

Credit Card Authorization Form

Please complete this form if paying by credit card.

YOUR INFORMATION:

Billing Address

First Name:

Last Name:

Street Address:

City:

State/ZIP:

CARD INFORMATION:



Card Number:

Expiration Date:

CVV Code:

A fee of \$25 will be assessed on all policy reinstatements and returned checks. The applicant also understands, agrees and promises to pay all costs of collection, including reasonable fees, which may be incurred in the collection.