



Hospitality Insurance Group
 106 Southville Road
 Southborough, MA 01772
 HMIC.com
 877-366-1140

Liquor Liability Application: NEW BUSINESS

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

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: _____

*Email: _____ Date Business Started: _____ Occupancy Capacity: _____

*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) **Hours of Operation:**
 Additional Location(s) (Please attach additional app per location) Earliest Hour Open - _____
 Is insured located within a Social District? Yes No Latest Hour Open - _____

CLASSIFICATION OF RISK

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

*For Classes 37 & 38 – A schedule of completed events with attendee counts from past 12 months is required with application.

POLICY LIMITS REQUESTED

- \$100,000 per person/ \$200,000 per occurrence/ \$200,000 aggregate (applicable to Class Code 41 only)
- \$250,000 per person/ \$500,000 per occurrence/ \$500,000 aggregate
- \$300,000 per person/ \$600,000 per occurrence/ \$600,000 aggregate (applicable to RI only)
- \$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

BUSINESS SALES*

Projected

Liquor Sales - On Premises Consumption \$ _____

Liquor Sales - Off Premises Consumption \$ _____

Food Sales - On Premises Consumption \$ _____

Food Sales - Off Premises / Catering \$ _____

Price Of Domestic Bottle of Beer: \$ _____

Bottle Service Available

% of Sales paid by cash: _____ %

***SALES VERIFICATION DOCUMENTATION OPTIONS**

Required for all quotes - select one of the below

- Print out of the insured's POS system for the past 12 months
- MassConnect – must provide % of liquor and food sales (MA Only)
- Accounting statement for the past 12 months (signed by licensed accountant)
- Pro Forma business plan (new ventures only)

ENTERTAINMENT INFORMATION

Are any of the following provided at this premises? (Check all that apply)

No Entertainment

- Darts
- DJ with Dancing
- Karaoke
- Dancing
- Other (please specify): _____
- Pool Tables
- Live Bands
- Mechanical Bulls
- Dance Floor
- _____
- Pub Crawls
- Drinking Games/Tournaments
- Happy Hour
- Exotic Dancing
- _____

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

ALCOHOL TRAINING / SECURITY TRAINING INFORMATION

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

Name of Alcohol Training Program (if applicable): _____

Written alcohol serving policy in place?

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

Yes No

Name of Security Training Program (if applicable): _____

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

OPTIONAL ENDORSEMENTS

Assault & Battery Endorsement
Select A&B Sublimits

Property Damage Endorsement

Terrorism

\$100,000/\$200,000/\$200,000

\$300,000/\$600,000/\$600,000 (*applicable to RI only*)

\$1,000,000/\$1,000,000/\$2,000,000

\$250,000/\$500,000/\$500,000

\$500,000/\$1,000,000/\$1,000,000

I decline to purchase Assault & Battery Coverage

Additional Insured (applicable to liquor liability):

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

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

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 canceled or non-renewed?

Yes No If yes, please provide details: _____

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

SECURITY INFORMATION

Security Camera's Outside Premises Yes No Length of time video is saved _____
 Security Camera's Inside Premises Yes No Length of time video is saved _____

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
		\$
		\$

RESTAURANT / TAVERN / BAR SUPPLEMENT

**The following information is only required if requesting General Liability Coverage and/or Property along with the ACORD 125 Commercial Insurance Application. ACORD 126 Commercial General Liability Application and ACORD 140 Property Section.*

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: _____ **Kitchen Closes at:** _____

Check all that apply:

- Stairwell(s)
 - Grilling
 - Open Broiling
 - Catering/Banquet Operations
 - Elevator
 - Deep Fat Frying
 - Valet Parking
 - % of total receipts: _____
 - Escalator(s)
 - Tableside Cooking
 - Off Premises Parking
 - On Premises
 - Off Premises
- Square footage of parking lot: _____

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? _____

Central Alarms?

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 the system serviced? _____

PAYMENT OPTION & DEPOSIT PREMIUM

Check a Payment Option

- Payment in Full
- Monthly (7) Installments (available only if total policy premium >\$1,000) 25% deposit required

For Insureds located in MA, RI, PA, NC and CT

A finance charge of 1.25% of the remaining balance is applied per installment.

For Insureds located in New Hampshire or Vermont

A \$10.00 installment fee is applied per installment.

PAY YOUR BILL ONLINE at www.HMIC.com. All major credit cards and e-checks accepted.

Third Party Exclusion Acknowledgement

I acknowledge the liquor liability policy has an Exclusion for Third Party or Contracted Security. Anyone that I hire (other than my employees) are not covered under this policy. We will have no duty to defend or to pay damages for any claims or suits seeking damages. In order to protect your interests, you need to be added to your third party or contracted security companies insurance policy as an additional insured.

Insured Signature: _____ **Date:** _____

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.