



Associated Underwriters
 9412 Giles Road
 La Vista, NE 68128
 Phone: 402.592.0900
 Fax: 402.592.0962

LIQUOR LIABILITY APPLICATION

Producer: _____ Phone: _____
 Address: _____ Fax #: _____
 Date _____

COVERAGE REQUESTED

1. Effective Date: _____ To _____
 2. Limits of liability: \$100,000 \$300,000 \$500,000 \$1,000,000
 Combined Single Limit

APPLICANT INFORMATION

3. Legal Name: _____ DBA: _____
 Mailing Address: _____
 (Street) (City) (State) (Zip)
 Contact Name: _____ Title: _____
 Phone: _____ Alt Phone: _____

4. Address of Premises to be Insured (if other than above):

 (Street) (City) (State) (Zip)

(If requesting coverage for more than one location, please complete a separate Liquor Liability Application for each.)

5. (a) Applicant is: Owner of premises Tenant
 (b) If applicant is a tenant:
 (1) Name of owner of premises _____
 (2) Are applicant and owner related parties: Yes No
 If yes, describe: _____
 (3) Is owner to be an additional insured? Yes No
 If yes, address: _____
 (street) (city) (state) (zip)

6. Applicant operates as: Restaurant Tavern Package Store Private Club
 Golf Course Caterer or Banquet Hall Other Describe: _____

7. The risk is located within outside the corporate limits of the city, town or village shown above.

8. Number of years applicant has operated at this location: _____

9. (a) Hours of operation:

Mon _____	to _____	Fri _____	to _____
Tues _____	to _____	Sat _____	to _____
Wed _____	to _____	Sun _____	to _____
Thur _____	to _____		

- (b) Service bar only? Yes No
- (c) Beer and wine only? Yes No
- (d) Drive-through facility? Yes No
- (e) If applicant is a private club, will premises be used for wedding receptions, parties, bingo, fish fries, etc.? Yes No

If yes, describe: _____

10. Is applicant active in the day-to-day operation of the establishment? Yes No

If no, provide the following:

- (a) Name of manager: _____
- (b) Number of years employed by you: _____
- (c) Number of years of management experience: _____

11. Check all that apply:

Amusement Devices:

- | | |
|---|---|
| <input type="checkbox"/> Pool Tables # _____ | <input type="checkbox"/> Mechanical Bulls/Devices # _____ |
| <input type="checkbox"/> Video Games # _____ | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Dart Boards # _____ | <input type="checkbox"/> Velcro Walls |
| <input type="checkbox"/> Gyroscopes | <input type="checkbox"/> Boxing/Wrestling |
| <input type="checkbox"/> Bungee Jumping | |
| <input type="checkbox"/> Other, Describe: _____ | |

Entertainment:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Live Entertainment/Entertainers - Describe: _____ | Number of days per week: _____ |
| <input type="checkbox"/> Customer Contests - Describe: _____ | Number of days per week: _____ |
| <input type="checkbox"/> Dance Floor | |
| <input type="checkbox"/> Juke Box | |
| <input type="checkbox"/> Other, Describe: _____ | |

Promotions:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> "Happy Hours"/Reduced-Price Drink Events | Number of days per week: _____ |
| <input type="checkbox"/> Pay-Per-View Events | Number of days per week: _____ |
| <input type="checkbox"/> Televised Sports Events | Number of days per week: _____ |
| <input type="checkbox"/> Pre-Paid Drink Events | Number of days per week: _____ |
| <input type="checkbox"/> Flat-Fee "Open Bar" Events | Number of days per week: _____ |
| <input type="checkbox"/> Waitstaff with Shots | Number of days per week: _____ |
| <input type="checkbox"/> Beer Tubs | Number of days per week: _____ |
| <input type="checkbox"/> Funnel Drinking | Number of days per week: _____ |
| <input type="checkbox"/> Other, Describe: _____ | |

12. Does applicant host or sponsor special events? Yes No

If yes:

- (a) What type: _____
- (b) Official name of event: _____
- (c) Number of people expected to attend: _____
- (d) Dates: From: _____ To: _____
Hours: From: _____ To: _____
- (e) Event entertainment: _____
- (f) If annual policy, total number of events per year: _____

13. (a) Number of alcohol servers employed: _____
 (b) Number of servers currently employed who have completed T.I.P.S. or T.A.M.S. or equivalent course within the last three (3) years: _____

14. Describe precautions taken to prevent serving minors and intoxicated patrons:

15. Describe how you and your employees handle patrons who become intoxicated:

16. Does applicant employ "bouncers" or other security personnel? Yes No

If yes: (a) Do they carry weapons? Yes No

(b) How much are they allowed to drink on each shift? _____

(c) Are they employees or independent contractors?

(d) If independent contractors:

[1] Do you obtain a certificate of insurance? Yes No

[2] Name of security firm: _____

17. Does applicant utilize surveillance cameras? Yes No

18. Estimate the average age of patrons: 20's 30's 40's 50+

19. Is there a college / university within a one-mile radius? Yes No

If yes, name: _____

20. Is there a pier (dock) within a one-mile radius? Yes No

21. How many times have law enforcement officials been called to applicant's establishment in the past twelve months? _____

22. List all claims and suits brought against applicant during the past five years:

<i>Date of Loss</i>	<i>Description</i>	<i>Amount Paid</i>	<i>Amount Reserved</i>	<i>Status: "o" = open "c" = closed</i>

(Attach a separate sheet if more space is needed)

23. Is applicant aware of any incident or circumstance which might lead to a claim or suit?

If yes, describe: _____

24. Has applicant been fined by or had any citations from the Liquor Control Commission in the past five (5) years? Yes No If yes, describe: _____

25. Has applicant ever had liquor liability insurance canceled, declined, or non-renewed? Yes No

If yes, describe: _____

26. Has applicant or any employee ever been convicted of a felony? Yes No

If yes, describe: _____

27. Prior liquor liability carrier:

(a) Prior policy period: From: _____ To: _____

(b) Prior policy limits: \$ _____ Deductible \$ _____

(c) Prior premium \$ _____

Current general liability carrier: _____

(a) Current policy period: From: _____ To: _____
(b) Current policy limits: \$ _____ Deductible \$ _____
(c) Current premium \$ _____

28. Annual Receipts

Sales Tax Returns Will Be Requested at Inspection

<i>Period</i>	<i>Food</i>	<i>Bar</i>	<i>Package</i>
Expiring 12 months:			
Estimated for next 12 Months:			

29. Accounting Firm: _____

Contact Name: _____

Address: _____

Telephone: _____

In submitting this Application, the undersigned certifies and agrees that:

- a) The representations in this Application and all attachments are true and complete as of the date submitted;
- b) Founders Insurance Company may, and is intended to, rely upon those representations in determining whether to issue insurance coverage and, if so, at what premium and upon what terms;
- c) Upon any change in circumstances which bear upon the accuracy or completeness of the undersigned's representations herein, he/she shall notify Founders Insurance Company immediately in writing and such notice shall become a part of this Application;
- d) Founders Insurance Company may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this Application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- e) The undersigned authorizes all former liability insurers and all accounting firms to disclose to Founders Insurance Company and/or its agents all available information concerning the undersigned's prior underwriting or claims history and liquor purchases and receipts, and releases all such former liability insurers and accounting firms, Founders Insurance Company and its agents from any liability resulting from such disclosure and use, even if such information is incomplete or erroneous;
- f) Upon submission of this Application and at any time thereafter, the undersigned shall make available to Founders Insurance Company and its agents access to the premises and operations to be insured for an inspection and copies of the last four (4) calendar quarters of sales tax returns;
- g) The submission of this Application shall not bind Founders Insurance Company or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage; and
- h) Should Founders Insurance Company issue insurance coverage which is accepted by the undersigned:
 - 1) the undersigned shall allow Founders Insurance Company to audit its books, records, and operations, including an audit of the estimated liquor receipts to ensure their accuracy and/or the actual liquor receipts for any relevant time period;
 - 2) the undersigned shall maintain accurate books and records of its liquor receipts for three (3) years following policy expiration and shall send to Founders Insurance Company copies of any documents requested;
 - 3) the premium payable for the insurance coverage is a deposit premium only and may be adjusted by Founders Insurance Company at any time during the policy period and up to three years after its expiration based upon the rates in effect at policy inception; and
 - 4) The undersigned shall pay any additional premium due to Founders Insurance Company within fifteen (15) days of receipt of an invoice.

Agent Signature: _____

Insured X: _____

Dated: _____

Title: _____

Dated: _____

Phone (Bus): _____

Phone (Home): _____

Any person who, with intent to defraud or knowing that he or she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.