



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>
<b>Expiring 12 months:</b>			
<b>Estimated for next 12 Months:</b>			

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.